

The Cat Clinic of Orange County  
Patient Information Sheet

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male / Neutered          Female / Spayed  
(Circle all that apply)

Declawed: no / front / all  
(circle one)

**Medical History**

*Please list dates of last vaccinations for the following:*

(Okay to write name of doctor or hospital that administered if unsure of dates)

FVRCP (Distemper/Respiratory Virus) \_\_\_\_\_

FELV (Leukemia) \_\_\_\_\_

FIP (Feline Infectious Peritonitis) \_\_\_\_\_

RABIES \_\_\_\_\_

**Has your cat been tested for the following:**

***If yes, approximate date & results:***

Feline Leukemia    yes/no

Date: \_\_\_\_\_ positive/negative

FIV                    yes/no

Date: \_\_\_\_\_ positive/negative

FIP                    yes/no

Date: \_\_\_\_\_ positive/negative

Allergies (please specify) \_\_\_\_\_

Major Illnesses, surgeries or problems \_\_\_\_\_

Current/Recent Medications \_\_\_\_\_

**If a choice is available, is it easier to give your cat: PILLS / LIQUID / UNKNOWN**

**Environmental History**      *(please circle appropriate responses)*

**Resides:**                    indoors only / outdoors only / indoors & outdoors

**Does your cat ever go outside, even with your supervision? YES / NO**

**Diet:** dry food only / canned food only / dry & canned / semi-moist

**Please list brand names fed:** \_\_\_\_\_

**Eats table food:** (please be honest ☺) frequently / occasionally / never

**How fed:** free choice / once daily / twice daily / other: \_\_\_\_\_

**Drinks water:** excessively / normally / seldom

**Litter box filler:** plain clay / clumping clay / crystals / other: \_\_\_\_\_ / no litter box

**Litter box habits;** misses the litter box: never / occasionally / frequently                    urine / feces

**Vomits:** never / occasionally / frequently

Please list other notes that you have (types, numbers, ages):

