

**DANCING CATS FELINE HEALTH CENTER  
NEW PATIENT INFORMATION RECORD**

**Today's Date:** \_\_\_\_\_  
**Female Male Neutered Spayed Intact**  
**Breed:** \_\_\_\_\_

**Cat's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Color:** \_\_\_\_\_

**VACCINATION HISTORY (Please list the date of your cat's last vaccines):**

FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ Leukemia \_\_\_\_\_ FIV \_\_\_\_\_  
Other \_\_\_\_\_

**Please list the date and results of the following tests:** FeLV \_\_\_\_\_ FIV \_\_\_\_\_

**What surgical procedures has your cat had and when?** Spay \_\_\_\_\_ Neuter \_\_\_\_\_  
Dental \_\_\_\_\_ Other \_\_\_\_\_

**Last Blood Work:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Please list any medications or special diets your cat is currently taking:** \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS THAT PERTAIN TO YOUR CAT. Thank You.**

**BEHAVIORAL CHANGES:** Lethargy \_\_\_ Depression \_\_\_ Aggression \_\_\_ Other \_\_\_\_\_  
Describe: \_\_\_\_\_

**CARDIAC PROBLEMS:** Arrhythmia \_\_\_ Murmur \_\_\_ Other \_\_\_\_\_  
Describe: \_\_\_\_\_

**DIGESTIVE PROBLEMS:**

**DIET:** My cat eats (list brands): Kibble \_\_\_\_\_ Canned \_\_\_\_\_  
Has there been a sudden diet change or dietary indiscretion in the last few days? Y N  
If Yes, please describe: \_\_\_\_\_

**APPETITE:** Normal \_\_\_ Decreased \_\_\_ Increased \_\_\_ Absent \_\_\_  
My pet hasn't eaten since last \_\_\_\_\_ Comments: \_\_\_\_\_

**WATER INTAKE:** increased \_\_\_ decreased \_\_\_ unchanged \_\_\_

**ORAL PROBLEMS:** Loose/painful teeth \_\_\_ Gum Disease \_\_\_ Gagging \_\_\_ Mouth Sores \_\_\_  
Please describe: \_\_\_\_\_

**STOOLS:** Normal \_\_\_ Constipation \_\_\_ Diarrhea \_\_\_ Inappropriate defecation \_\_\_  
Consistency: Normal \_\_\_ Hard \_\_\_ Dry \_\_\_ Soft \_\_\_ Watery \_\_\_ Greasy \_\_\_  
Contains: Mucous \_\_\_ Blood \_\_\_ Parasites \_\_\_ Foreign Material \_\_\_  
Smells: Normal \_\_\_ Bitter \_\_\_ Metallic \_\_\_ Sour \_\_\_ Sweet \_\_\_  
Color: Normal brown \_\_\_ Black \_\_\_ Red \_\_\_ Grey \_\_\_ White \_\_\_ Other \_\_\_  
How long has this problem been going on? \_\_\_\_\_

**VOMIT:** Clear \_\_\_ Bile \_\_\_ Food \_\_\_ Water \_\_\_ Blood \_\_\_ Fur \_\_\_ Other \_\_\_  
Vomiting started \_\_\_\_\_ Frequency \_\_\_\_\_ When did your pet last vomit? \_\_\_\_\_

Any exposure to strings or other potential foreign bodies? \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**OVER**

**MUSCULOSKELETAL PROBLEMS:** Limping\_\_\_ Weakness\_\_\_ Scooting\_\_\_ Pain\_\_\_

Describe: \_\_\_\_\_

**WEIGHT CHANGES:** loss\_\_\_ gain\_\_\_ Describe: \_\_\_\_\_

**NEUROLOGICAL PROBLEMS:** Loss of Balance\_\_\_ Seizures\_\_\_ Paralysis\_\_\_

Blindness\_\_\_ Weakness\_\_\_ Other\_\_\_

Describe: \_\_\_\_\_

**RESPIRATORY TRACT (LOWER):** Coughing\_\_\_ Breathing Problems\_\_\_

History of asthma\_\_\_ History of pyothorax\_\_\_ History of pneumothorax\_\_\_

Describe: \_\_\_\_\_

**RESPIRATORY TRACT (UPPER):** Sneezing\_\_\_ Chronic Sinusitis\_\_\_ Masses\_\_\_

Breathing Problems\_\_\_ Nares Narrow\_\_\_ Skin Discoloration\_\_\_ Other\_\_\_

Nasal Discharge: clear\_ green\_ white\_ Frequency: continuous\_\_\_ Other\_\_\_

When did this problem start?\_\_\_\_\_ Has it stayed the same\_ improved\_ worsened\_

Comments:\_\_\_\_\_

**SPECIAL SENSES:**

Ear Discharge: How long?\_\_\_\_\_ What color?\_\_\_\_\_ Frequency?\_\_\_\_\_

History of: Ear Mites? Y N Yeast? Y N Polyps? Y N Masses? Y N

Is your cat Shaking its Head\_\_\_ Scratching at its ear(s)\_\_\_ ?

Ocular Discharge: How long?\_\_\_\_\_ What color?\_\_\_\_\_ Frequency?\_\_\_\_\_

History of: Herpes Virus\_\_\_ Corneal ulcers\_\_\_ Cataracts\_\_\_ Glaucoma\_\_\_

Previous treatments:\_\_\_\_\_

Describe problem(s): \_\_\_\_\_

**SKIN PROBLEMS:**

Scratching?\_\_\_ Describe\_\_\_\_\_

Chewing?\_\_\_ Describe\_\_\_\_\_

Skin Lesions?\_\_\_ Describe\_\_\_\_\_

**URINARY PROBLEMS:**

Urine output: Increased\_\_\_ Decreased\_\_\_ Absent\_\_\_ Small dots\_\_\_ Bloody\_\_\_

Inappropriate urination: Squatting\_\_\_ Standing and spraying backwards\_\_\_

Has your cat been diagnosed or treated for any of the following conditions?

Crystals/Stones: struvite\_\_\_ calcium oxalate\_\_\_ other\_\_\_\_\_

Kidney Infections\_\_\_ Bladder Infections\_\_\_ FIC\_\_\_

Other\_\_\_\_\_

Is your cat currently being treated for urinary problems? Y N

Please describe:\_\_\_\_\_

Has your cat been on a special diet for urinary problems? Y N What?\_\_\_\_\_

If being presented for urinary problems, how long has this problem been going on?\_\_\_\_\_

Comments:\_\_\_\_\_

