



Feline History Form

Pet Owner's Name:

Pet's Name:

Lifestyle

How long have you owned your pet?

Where did you get your pet?

Are there any other pets in your household?

Has your pet ever lived outside of Las Vegas? Please list where and when:

Do you travel with your pet outside of Las Vegas? Please list where and when:

Is your pet: People Aggressive Animal Aggressive Cage Aggressive

Does your pet ever go outside? Please select one:

 No Yes, only in the yard and supervised Yes, unsupervised

Medical History

Please list the name of your previous vet:

Has your pet ever been FELV/FIV tested? Yes No When?

When did your pet last receive:

Rabies: Distemper: Feline Leukemia:

FIV: FIP:

Is your pet micro-chipped? Yes No What is the microchip number?

Please list any previous surgeries your pet has had:

Is your pet on any medication or supplements? Please list medication, dosage, and how often it is given:

Does your pet have a history of (please select all that apply):

Coughing	Vomiting	Diarrhea	Sneezing	Constipation
Allergies	Arthritis	Hair Loss	Hairballs	Ear Infections
Seizures	Heart Disease	Liver Disease	Kidney Disease	Thyroid Disease
Bladder Infections/stones		Foreign Body		

Diet

Which brand of food do you feed your pet?

Does your pet eat dry food, wet food, or both?

Do you give your pet any treats? Yes No

What kind?

Do you give your pet any human food?