

Clinical history

WellCat *for life*



Date: Case number: Cat's name:
Owner's name: Clinician:

BACKGROUND

Age: Sex: Breed: Time in owner's possession:

Acquired from: Breeder Rescue centre Other:

Other cats: No Yes How many? Any problems?

HABITAT

Environment: Indoor Indoor/Outdoor Limited outdoors In at night Outdoor only

Litter tray: No Yes Type of litter used:

Cat fighting: No Yes

Hunting: No Yes

Access to toxins: No Yes

NUTRITION

Last fed: am/pm

Diet: Dry cat food Wet cat food Both Other

Food type/brand normally fed:

Favourite foods or dislikes:

ROUTINE PREVENTIVE HEALTHCARE

Vaccinations: FHV/FCV/FPV FeLV

Last vaccination given: ≤15 months <36 months >36 months Never Unknown

Worming (which product and when):

Flea treatment (which product and when):

Retrovirus status: FeLV+ FeLV- FIV+ FIV- When:

PREVIOUS PROBLEMS

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CURRENT PROBLEMS

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CURRENT STATUS

Attitude/demeanour:

Appetite: Thirst:

Urination: Defecation:

Any vomiting?

Respiratory signs (coughing, breathing difficulty, sneezing, nasal discharge):

Mobility:

Behaviour:

Additional clinical history forms can be downloaded from www.fabcats.org/wellcat/veterinary