WESTSIDE HOSPITAL FOR CATS - HISTORY FORM

CLIENT NAME _____ PET NAME _____

DATE _____ CHART# _____

APPETITE NORMAL POOR

WHAT DIET ARE YOU FEEDING? _____

WHEN DID YOUR PET LAST EAT? _____

DRINKING NORMAL EXCESSIVE POOR

URINATION NORMAL STRAINING FREQUENT

STOOL NORMAL WATERY SOFT

ANY DIET CHANGE, PLANT OR GARBAGE EXPOSURE? _____

VOMITING NONE FREQUENT RARE

HAIRBALLS FOOD BILE(YELLOW)

ANY DIET CHANGE, PLANT OR GARBAGE EXPOSURE? _____

COUGHING NONE RARE FREQUENT

SNEEZING NONE FREQUENT NASAL DISCHARGE

SKIN NORMAL ITCHING LUMP/MASS _____

SEIZURES NO HISTORY EPILEPTIC FIRST EPISODE

DOES YOUR PET GO OUTSIDE? NO YES RARELY LAST TIME? _____

LIST ANY ADDITIONAL PROBLEMS _____

_____

LIST ALL MEDICATIONS YOUR PET IS RECEIVING (if insulin, note time given)

_____

_____

BEST PHONE NUMBER TO REACH YOU _____