



**Complete, Compassionate Care for Cats**  
1010 College Avenue Wheaton, Illinois 60187  
Telephone 630.690.4949 Fax 630.690.8323  
[www.collegestationcat.com](http://www.collegestationcat.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### College Station Cat Clinic History

**Habitat:**  Indoor only  Outdoor Supervised  Outdoor Unsupervised

**Appetite:**  Very good  Good  Erratic  Picky  Poor  Very poor  Unsure

**Food(s):** \_\_\_\_\_

**Diet:**  Eats specific meals  Fed free choice  Dry  Canned

**Water Consumption:**  Normal  Unsure  Drinks excessively  Amount up  Amount down

**Urination:**  Normal  Unsure  Urinates excessively  Amount up  Amount down

**Activity level:**  Very active  Normal  Very inactive  More active  Less active

YES NO

**History of Allergies or Reactions to drugs, anesthesia, or vaccines.**

**Lameness:** Which leg(s)  Right Front  Left Front  Right Rear  Left Rear  Constant  Intermittent  
Duration: \_\_\_\_\_

**Behavior:** Any notable change \_\_\_\_\_

**Vomiting:** If yes, how often? \_\_\_\_\_ When did it start? \_\_\_\_\_

What is vomited? \_\_\_\_\_

Is there a relationship to eating?  No  Yes How? \_\_\_\_\_

**Diarrhea:**  Occasionally  Frequently When did it start? \_\_\_\_\_

If diarrhea is present: Number of bowel movements per day: \_\_\_\_\_

Straining to defecate:  Yes  No Blood in Stools:  Yes  No

**Coughing:**  Occasionally  Frequently

**Sneezing:**  Occasionally  Frequently

**Bad breath**

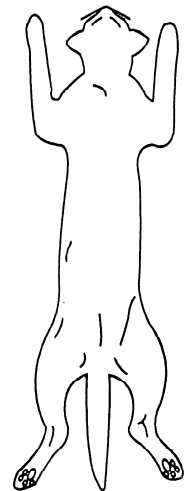
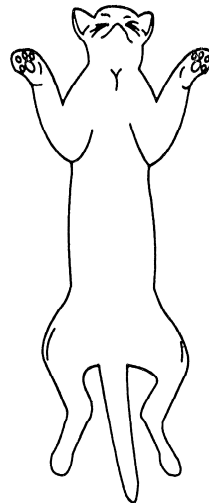
- Unusual lumps or bumps.** Location: \_\_\_\_\_
- Nasal discharge:**  Pus  Watery  Bloody      Duration: \_\_\_\_\_
- Eye Pain or Discharge**  Left Eye  Right Eye      Duration: \_\_\_\_\_
- Itching:**  Seasonal  Year-round  Location(s) on the cat's body: \_\_\_\_\_
- History of **fight wounds:** How many in the last 2 years: \_\_\_\_\_
- Has **tested positive** for:  Feline Leukemia Virus  Feline AIDS Virus      If yes, how long ago? \_\_\_\_\_
- Fleas or ticks** noted recently
- On heartworm preventative?**  Irregularly  Regularly      Number of months per year: \_\_\_\_\_
- On flea preventative?**  Irregularly  Regularly      Number of months per year: \_\_\_\_\_

**ALL CATS SHOULD BE ON HEARTWORM AND FLEA PREVENTATIVE MAY THROUGH NOVEMBER.**

- Has your address or phone number changed since last year?**

**Medications:**

<i>Medication</i>



**Please note the area(s) of lesions, lumps, etc. on diagram:**