

New Patient History Form

Please fill out this form, save it, and email to Dr. Phoenix Watt at dr.phoenix@zencat.com

|  |  |
| --- | --- |
| How did you hear about ZenCat? (Google, Yelp, referral, etc.) |  |
| Owner’s First Name |  |
| Owner’s Last Name |  |
| Additional Owner’s Name(s) |  |
| Home address |  |
| City, State, Zip |  |
| Mobile Phone |  |
| Home Phone |  |
| Email |  |
| Preferred method of contact (text, email, mobile phone, home phone, snail mail) |  |
| Number of cats in the home |  |
| Other pets in the home (specify) |  |
| How many square feet is your home? |  |
| Number of cat litter boxes |  |
| Type of cat boxes (small, large, open, covered, automatic) |  |
| Brand/type of cat litter you use |  |
| Number of water fountains/bowls |  |
| What sorts of catification have you done (wall shelves, perches, scratching posts, cat trees, catio) |  |
| Do you currently use cat pheromone plug-ins? |  |

Information for Cat #1 (if you have more than 4 cats, please copy and paste additional cat info sections to the end of the form)

|  |  |
| --- | --- |
| Cat’s Name |  |
| Breed |  |
| Color |  |
| Male or Female? |  |
| Spayed or neutered? |  |
| Date of Birth or Age |  |
| How was this cat acquired (breeder, shelter, foundling, friend, failed foster, etc.) |  |
| How old was this cat when s/he came into your life? |  |
| What is your relationship with this cat? (beloved family member, beloved pet, just a cat, semi-feral, feral) |  |
| Would you be comfortable restraining this cat for the doctor? |  |
| Date of most recent vaccinations? |  |
| Which vaccinations were given? (FVRCP, Rabies, FeLV, FIV, other – specify) |  |
| Does this cat ever go outside? Frequency? |  |
| What do you use to prevent fleas? |  |
| Name of your current veterinarian |  |
| Name of Practice/Hospital |  |
| Current medical issues this cat is dealing with (specify) |  |
| Significant past medical history |  |
| What does this cat eat (specify wet food, dry food, brands, treats, anything s/he shouldn’t be eating) |  |
| How is this cat’s appetite? |  |
| Is this cat thirsty? |  |
| Does this cat drink water frequently? |  |
| How is this cat’s energy level? |  |
| Does this cat have a preference for warm or cool places? |  |
| Does this cat have any trouble falling or staying asleep? |  |
| Describe this cat’s overall emotional state |  |
| Does this cat sneeze? If so, how often? |  |
| Does this cat cough? If so, how often? |  |
| Does this cat vomit? If so, how often? |  |
| Does this cat have diarrhea? If so, how often? |  |
| Describe this cat’s stool. |  |
| Does this cat have any behavior issues that concern you? Please describe |  |
| Are there any other concerns for this cat? |  |

Information for Cat #2

|  |  |
| --- | --- |
| Cat’s Name |  |
| Breed |  |
| Color |  |
| Male or Female? |  |
| Spayed or neutered? |  |
| Date of Birth or Age |  |
| How was this cat acquired (breeder, shelter, foundling, friend, failed foster, etc.) |  |
| How old was this cat when s/he came into your life? |  |
| What is your relationship with this cat? (beloved family member, beloved pet, just a cat, semi-feral, feral) |  |
| Would you be comfortable restraining this cat for the doctor? |  |
| Date of most recent vaccinations? |  |
| Which vaccinations were given? (FVRCP, Rabies, FeLV, FIV, other – specify) |  |
| Does this cat ever go outside? Frequency? |  |
| What do you use to prevent fleas? |  |
| Name of your current veterinarian |  |
| Name of Practice/Hospital |  |
| Current medical issues this cat is dealing with (specify) |  |
| Significant past medical history |  |
| What does this cat eat (specify wet food, dry food, brands, treats, anything s/he shouldn’t be eating) |  |
| How is this cat’s appetite? |  |
| Is this cat thirsty? |  |
| Does this cat drink water frequently? |  |
| How is this cat’s energy level? |  |
| Does this cat have a preference for warm or cool places? |  |
| Does this cat have any trouble falling or staying asleep? |  |
| Describe this cat’s overall emotional state |  |
| Does this cat sneeze? If so, how often? |  |
| Does this cat cough? If so, how often? |  |
| Does this cat vomit? If so, how often? |  |
| Describe this cat’s stool. |  |
| Does this cat have diarrhea? If so, how often? |  |
| Does this cat have any behavior issues that concern you? Please describe |  |
| Are there any other concerns for this cat? |  |

Information for Cat #3

|  |  |
| --- | --- |
| Cat’s Name |  |
| Breed |  |
| Color |  |
| Male or Female? |  |
| Spayed or neutered? |  |
| Date of Birth or Age |  |
| How was this cat acquired (breeder, shelter, foundling, friend, failed foster, etc.) |  |
| How old was this cat when s/he came into your life? |  |
| What is your relationship with this cat? (beloved family member, beloved pet, just a cat, semi-feral, feral) |  |
| Would you be comfortable restraining this cat for the doctor? |  |
| Date of most recent vaccinations? |  |
| Which vaccinations were given? (FVRCP, Rabies, FeLV, FIV, other – specify) |  |
| Does this cat ever go outside? Frequency? |  |
| What do you use to prevent fleas? |  |
| Name of your current veterinarian |  |
| Name of Practice/Hospital |  |
| Current medical issues this cat is dealing with (specify) |  |
| Significant past medical history |  |
| What does this cat eat (specify wet food, dry food, brands, treats, anything s/he shouldn’t be eating) |  |
| How is this cat’s appetite? |  |
| Is this cat thirsty? |  |
| Does this cat drink water frequently? |  |
| How is this cat’s energy level? |  |
| Does this cat have a preference for warm or cool places? |  |
| Does this cat have any trouble falling or staying asleep? |  |
| Describe this cat’s overall emotional state |  |
| Does this cat sneeze? If so, how often? |  |
| Does this cat cough? If so, how often? |  |
| Does this cat vomit? If so, how often? |  |
| Describe this cat’s stool. |  |
| Does this cat have diarrhea? If so, how often? |  |
| Does this cat have any behavior issues that concern you? Please describe |  |
| Are there any other concerns for this cat? |  |

Information for Cat #4

|  |  |
| --- | --- |
| Cat’s Name |  |
| Breed |  |
| Color |  |
| Male or Female? |  |
| Spayed or neutered? |  |
| Date of Birth or Age |  |
| How was this cat acquired (breeder, shelter, foundling, friend, failed foster, etc.) |  |
| How old was this cat when s/he came into your life? |  |
| What is your relationship with this cat? (beloved family member, beloved pet, just a cat, semi-feral, feral) |  |
| Would you be comfortable restraining this cat for the doctor? |  |
| Date of most recent vaccinations? |  |
| Which vaccinations were given? (FVRCP, Rabies, FeLV, FIV, other – specify) |  |
| Does this cat ever go outside? Frequency? |  |
| What do you use to prevent fleas? |  |
| Name of your current veterinarian |  |
| Name of Practice/Hospital |  |
| Current medical issues this cat is dealing with (specify) |  |
| Significant past medical history |  |
| What does this cat eat (specify wet food, dry food, brands, treats, anything s/he shouldn’t be eating) |  |
| How is this cat’s appetite? |  |
| Is this cat thirsty? |  |
| Does this cat drink water frequently? |  |
| How is this cat’s energy level? |  |
| Does this cat have a preference for warm or cool places? |  |
| Does this cat have any trouble falling or staying asleep? |  |
| Describe this cat’s overall emotional state |  |
| Does this cat sneeze? If so, how often? |  |
| Does this cat cough? If so, how often? |  |
| Does this cat vomit? If so, how often? |  |
| Describe this cat’s stool. |  |
| Does this cat have diarrhea? If so, how often? |  |
| Does this cat have any behavior issues that concern you? Please describe |  |
| Are there any other concerns for this cat? |  |