



## New Patient Information

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

Age (or date of birth, if known): \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered?  Yes  No  Unknown

## Adoption History

**Please check the appropriate box:**

Shelter/Rescue Organization  Breeder  Stray/Feral  Friend/Neighbor/Family Member  
 Other (please elaborate): \_\_\_\_\_

**How long has your cat been with you?** \_\_\_\_\_

## Temperament

**Briefly describe your cat's personality (e.g., shy, fearful, social, anxious, etc.):**

\_\_\_\_\_

## Social Environment - Relationship with Other Pets

**How does your cat get along with the other pets, if any, within the home? Please list the other pets' names, ages, and species:**

\_\_\_\_\_  
\_\_\_\_\_

**If there are other cats within the home, what behaviors occur between them?**

Cuddle and groom each other  Close contact, but no touching  Tolerate one another  
 Stare or block certain areas so another cat cannot pass  Avoid one another  
 Fight occasionally  Other (please elaborate): \_\_\_\_\_

## Home Life

**Does your cat go outdoors?**  Yes  No

**If yes, what is the outdoor access?**

Free access  Outdoor enclosure (e.g. catio, screened porch)  
 Walk on leash/harness  Strictly supervised  Other: \_\_\_\_\_

**Number of litter boxes:** \_\_\_\_\_ **Are any covered?** \_\_\_\_\_ **Automatic?** \_\_\_\_\_ **Type of litter?** \_\_\_\_\_

**Where are they located?** \_\_\_\_\_

**What do you feed your cat (brand/flavors if known)?** \_\_\_\_\_

**How much does your cat eat per day?**

Canned (please specify amount): \_\_\_\_\_  
 Dry (please specify amount): \_\_\_\_\_