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Cat Patient History Form

Patient (pet) name: _____

Owner/family name: _____

Email address: _____

Breed: _____

Date of birth or Age: _____

Sex: _____

Referring Hospital/Primary Veterinarian: _____

Date: _____

Is your cat breathing heavier or faster? Yes / No (please circle one)

If yes: Is the heavier/faster breathing occurring all the time or just sometimes? Please explain:

Are you counting sleeping breathing rate, if so what number are you getting _____ breaths

In 15 seconds/30 seconds/1 minute (please circle one) (for example: 6 breaths in 15 seconds)

Does your cat get out of breath with activity? Yes / No (please circle one) (for example breathing faster after jumping on your lap or on furniture, going up stairs, or walking around the house)

If yes, please explain when this occurs:

Is your cat eating normally/finishing his/her food? Yes / No *(please circle one)*

If no, please describe what has changed: _____

Current diet (brand/formula): _____

Is your cat drinking more or urinating more than usual? Yes / No *(please circle one)*

If yes, for how long? *(days/weeks/months?)* _____

Is your cat hiding (for example sleeping in a closet, under the bed, in the basement)? Yes / No *(please circle one)*

Is your cat doing his/her normal behaviors at home? *(for example greeting you at normal times or sleeping in normal spots in the house)* Yes / No *(please circle one)*

If no, please explain what has changed and how long this has been going on:

Has your cat ever collapsed/fallen over/fainted? Yes / No *(please circle one)*

If yes, can you please explain what he/she was doing prior and what happened/what you saw? *(for example was he/she active prior or was he/she resting, how long did it last):*

Did this happen more than once? Yes / No *(please circle one)*

If yes, how many times: _____

Does your cat cough? Yes / No *(please circle one)*

If Yes:

Do you know when the cough started *(years ago? Past month? Past week?)*

How often? *(for example daily, several times per day, once a week, once per month?)*

Is the cough getting worse? Yes / No *(please circle one)*

Did cough get worse suddenly or gradually? _____

Do you have any other concerns at home not listed above? Is there anything else you would like us to know? Please describe:

Current medications:

Please list what you are specifically giving, even if the directions/amount are different from what your vet prescribed

(Please give medication name, strength, directions, for example "Lasix 12.5 mg tablets – 1 tablet twice daily):

Is there any additional specific information about medications that you would like to provide, for example if a medication was started and did/did not help or caused a side effect?
