

# INFORMATION & HISTORY

Cat's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Please describe current problem or reason for seeking chiropractic care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What goals do you hope to achieve through chiropractic care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your cat's current level of activity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the cat currently being seen by any other health care professional? If so, please list providers name and for what reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any past injuries, significant illness, or surgeries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Is your cat currently on any supplements? If so, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your cat up to date on vaccinations? \_\_\_\_\_