



Owner's Name:	Cat's Name	Age:
Address/Phone # /Email Update		
Indoor / Outdoor / Both	Dr:	Tech: Date: / /

Dear Cat Owner,

Your cat has aged 5-7 human years over the past year! These questions are very important in order for us to keep up with, and better understand your little one's medical history. Thank you for helping us care for your special family member.

Has your cat shown any of the following signs or symptoms?

Unusual body odors?	YES	NO	Itching or scratching?	YES	NO
Coughing, sneezing or wheezing?	YES	NO	Poor coat or hair loss?	YES	NO
Gagging or choking?	YES	NO	Tremors or seizures?	YES	NO
Vomiting or diarrhea?	YES	NO	Unusual discharge?	YES	NO
Scotting rear end?	YES	NO	Skin problems?	YES	NO
Listlessness or weakness?	YES	NO	Lumps or bumps?	YES	NO
Red gums or offensive breath?	YES	NO	Going outside the litter box?	YES	NO
Head shaking or ear odor?	YES	NO			

Has your cat shown significant change in any of the following?

Character of bowel movements?	YES	NO	Increase in drinking?	YES	NO
Frequency or amount of urination?	YES	NO	Change in behavior?	YES	NO
Weight gain or loss?	YES	NO	Difficulty hearing?	YES	NO
Change in appetite?	YES	NO	Behavior problems?	YES	NO

Has your cat shown any of the following signs of pain?

Lameness in limbs?	YES	NO	Crying?	YES	NO
Stiffness when getting up?	YES	NO	Food falling out of mouth?	YES	NO
Hiding in unusual areas?	YES	NO	Drizzling?	YES	NO
Uncontrollable shaking?	YES	NO	Sensitivity when chewing?	YES	NO

Is your cat on any prescribed medications? If yes, please fill in below:

Medication Name	Dose	Strength of medication	How many times a day?

Has your cat taken any other prescribed medication within the past 30 days? If yes, please describe _____

Is your cat on a prescription diet? If yes, what kind _____

What other brands of food are you feeding? _____ Canned / Dry / Both

Treats given? Yes or No If yes, how often? _____

Do you give your cat any other vitamins, supplements, or hairball medication? If yes, please describe _____

Currently on Flea/Tick/Heartworm Protection? YES: _____ / NO

Did you bring in a fecal sample to help prevent possible parasitism? YES / NO