

General Information

Why are you bringing your pet in to see us? _____

Have you traveled anywhere out of state with your pet? Yes / No

If so, when and where? _____

Is your pet current on vaccines, flea/tick/heartworm medications? Yes / No

If so, what kind of product do you give?

Has your cat had a vaccine reaction in the past (swelling, hives, vomiting, lethargy, etc.?) Yes / No

Has your pet had any previous medical problems? Yes / No

If so, please describe:

Does your cat stay indoors or outdoors? Indoor / Outdoor / Both

If you answered outdoor or both, we recommend asking about testing for FeLV/FIV.

Clinical History

Has your pet's activity level or energy level changed recently? Yes / No

Have you noticed your pet drinking more water? Yes / No

Have you noticed your pet urinating more often? Yes / No

Is your pet having difficulties urinating? Yes / No

Is your pet vomiting? Yes / No / Unsure

Is your pet having diarrhea? Yes / No

Is your pet having trouble defecating? Yes / No

Does your pet have any trouble breathing? Yes / No

Have you noticed your pet coughing recently? Yes / No

Have you noticed any changes in your pet's skin? Yes / No

Have you noticed any weight loss? Yes / No

Weight gain? Yes / No

What kind of food do you feed your pet? _____

Has your pet's appetite level changed? Yes / No

Is your pet on any medications currently? Yes / No

If so, what kind and how often are they given? Please list:

Is your pet limping? Yes / No

If there are other concerns about your pet not mentioned above, please list below:

On a scale of 1 to 10, how well do you think your pet feels today? 1 2 3 4 5 6 7 8 9 10

Bad

Good