

HOW'S YOUR CAT?

Date: _____ Pet's Name: _____
Client Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email address: _____

We recommend all pets 6 years and older have an annual wellness profile done. It includes a complete blood count, 25 test chemistry panel, thyroid test, and urinalysis. (\$160.00)

Would you like to do today? YES NO

Environment: strictly indoors Indoor/Outdoor Strictly Outdoors
- if indoors, does the pet use the litter box consistently? YES NO

Appetite: Very good Good Picky

Change in appetite: Increased Decreased

Feeding Habits: Food Left Down All Day YES NO

% table food _____ % treats _____ % cat food _____

Brand Name of Food _____

Water Consumption: Normal Drinks excessively

Grooming Habits: Normal Increased Decreased

How many other cats are in your household? # inside _____ # outside _____

YES NO

- Has your cat ever had a reaction to vaccines?
- Does your cat have any new lumps or growths?
- Behavior: Any notable changes? _____
- Vomiting: If yes, how often? _____
- Is there a relationship to eating? How? _____
- Have you noticed bad breath or drooling?
- Sneezing: Occasionally Frequently
- Itching: Seasonal Year-round Location(s) on the cat's body: _____
- History of fight wounds: How many in the last year: _____
- Has tested positive for: Feline Leukemia Virus Feline AIDS Virus If yes, how long ago? _____
- Fleas or ticks noted recently?
- On heartworm preventative? Irregularly Regularly Number of months given per year: _____
- On flea preventative? Irregularly Regularly Number of months given per year: _____
- Does your pet have a microchip? If not, would you like it done today? YES NO

Current Medications: _____

Previous Medical Conditions: _____

Would you like a Pet I.D. card that contains your pet's description, vaccination history, allergy alerts and photograph for an additional \$5.00? YES NO

