

Date _____

Your Name _____

Phone number _____

Email address _____

Pet's Name _____

Age _____ (yrs., mos, wks)

Weight _____ lbs

1. Food (brand name, wet, dry, combo, amount, how often):

Treats (brands, how many, how often, table food, milk):

2. Home dental care (brushing, chewing, treats, water additive, how often):

3. Preventatives, Medications, and Supplements. Please list them below and the current dose you are giving.
(Revolution, Frontline, CBD oil, essential oils, glucosamine, fish oil, prescription medications)

4. Do you have other pets? If yes, are they currently vaccinated and on heartworm and flea prevention?

No Yes Please list other pets below.

5. Does your cat go outside: Inside only occasional supervised outside time 50:50
Indoor/Outdoor Outdoor only Barn Cat Feral Cat

6. Have you noticed any lumps or bumps on your cat? No Yes How long have they been there?
Have they changed or stayed the same?

7. Have you noticed any of the following and elaborate below: Change in Litter box use
 Coughing or Labored Breathing Limping Lethargy Increased Thirst Increased Urination
 Diarrhea Vomiting Change in Behavior Itching/Scratching Other Reluctance to
jump up or down

8. Does your cat have any behaviors you wish you could change? No Yes

9. Are there any health issues you would like to discuss with the doctor? No Yes