

Give Us Some Important Information About Your Cat

Vaccines _____

Cat _____ Owner _____ Date _____

Habitat: Indoor only In & out freely Outdoor w/o supervision Outdoor w/ supervision My other cats go outside

Appetite: Very good Good Erratic Picky Poor Very poor

Change in appetite: Up Down **Food(s):** _____

Diet: Eats specific meals Fed free choice % table food _____ % treats _____ % dog food _____

Water Consumption: Does not drink excessively Drinks very excessively Amount up Amount down

Urination: Normal amount More than normal amount Less than normal amount

Activity level: Very active Normal Very inactive More active Less active

YES NO

Do you **board** your cat?

Does your cat go to **cat shows**?

Lameness: Which leg(s) _____ Constant Intermittent Duration: _____

Behavior: Any notable change? _____

Vomiting: If yes, how often? _____

What is vomited? _____

Is there a relationship to eating? No Yes How? _____

Diarrhea: Occasionally Frequently Frequency: _____

If diarrhea is present: Number of bowel movements per day: _____

Straining to defecate: Yes No

Coughing: Occasionally Frequently

Sneezing: Occasionally Frequently

Nasal discharge: Pus Watery Bloody Duration: _____

Itching: Seasonal Year-round Location(s) on the cat's body: _____

History of **fight wounds:** How many in the last 2 years: _____

Has **tested positive** for: Feline Leukemia Virus Feline AIDS Virus If yes, how long ago? _____

Fleas or ticks noted recently

On **heartworm preventative?** No Irregularly Regularly Number of months per year: _____

On **flea preventative?** No Irregularly Regularly Number of months per year: _____

Name of **heartworm/flea preventative:** Revolution Advantage Multi Interceptor Other: _____

Medications regularly taken: _____

Summary of your **concerns:** _____

Has your address or phone number or e-mail address changed since last year?

New information: _____

Where and when can we reach you today?

Phone #: _____ Times: _____

Our fax number: (210) 404-2285