



Pet's Name: _____ **Owner's Name:** _____ **Date:** _____

My cat spends most of the time:

Always Indoors Mostly Indoors
 Always Outdoors Mostly Outdoors

My cat comes in contact with other pets...

Yes While boarding at a kennel
 While being groomed
 Other: _____
 No

Has your cat been vaccinated for FIV (Feline AIDS) in the past year?

Yes No Not Sure

Has your cat been vaccinated for FELV (Feline Leukemia) in the past year?

Yes No Not Sure

Do any of these situations apply to your cat?

Tested for FIV/FELV in the past year
 Outside overnight in the last 6 months
 Fighting with other cats in last 6 months
 Was a recent stray or shelter adoption

Please check any conditions that your cat has experienced lately:

Fever Diarrhea
 Rashes Vomiting
 Lumps Sneezing
 Weight change Coughing
 Behavior change Fleas / Ticks
 Eating changes Lethargy
 Grooming less Gingivitis
 Poor hair coat Abscesses
 Tender areas Scoot / lick rear
 Accidents outside of litter box
 Other: _____

Which best describes your cat's breath?

Not bad for a cat's breath
 Unpleasant
 Really bad (needs mouthwash)

What kind of dental care are you administering at home? _____

What preventatives are you using?

Flea: _____
Heartworm: _____

What day of the month are the preventatives given? _____

Do you need a refill on prevention?

Yes No

Is your pet receiving any medications other than ones dispensed from this hospital?

Yes (please list) _____
 No

What do you feed your cat? _____

How much? _____

If you offer table food, list examples:

Are there any other problems you would like to address?

Yes: _____
 No

Would you like to receive your medical reminder through:

Post Office E-Mail

Would you like to receive a quarterly newsletter by E-Mail?

Yes No

Please provide us with your E-Mail address:
