

FELINE

Client's Name _____ Patient Name _____
Address _____ Phone Number _____
City, State, Zip _____ Cell Phone _____

e-mail address _____ (We can now e-mail reminders!!)

Important Questions About Your Feline Family Member

As your pet ages, changes take place that may indicate medical problems. ***We are believers in preventing illness rather than treating illness.*** Please take a moment to tell us about your cat:

Do you travel with your pet? Yes No
Do you board or have your cat groomed? Yes No
Does your cat go outside? Yes No _____

Have you noticed any of the following?

	Please Circle		For Doctor/Tech use only
Vomiting	Yes	No	_____
Weight loss or gain	Yes	No	_____
Change in Appetite	Yes	No	_____
Increased Thirst/Urination	Yes	No	_____
Coughing/ Sneezing/ Nasal Discharge	Yes	No	_____
Limping	Yes	No	_____
Behavioral/Activity Change	Yes	No	_____
Soft Stools/Gas	Yes	No	_____
Fleas/Ticks	Yes	No	_____
Itching/Licking/Chewing	Yes	No	_____
Shaking Head	Yes	No	_____
Skin or Coat Changes	Yes	No	_____
Growths or Lumps (New)	Yes	No	_____

Diet Normally Fed: _____

Medications/Supplements regularly taken: _____

Summary of your concerns:

