

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