the Cat & Dog Clinic

Feline Health

Your Name: _____ Cat's Name: _____
Has your address, phone number, or email address changed since your last visit? **Y / N**
May we contact you via email? **Y / N** email address: _____
What is the reason for today's visit? _____

Behavior

Have you noticed changes in any of the following? Check all that apply and describe:
Family/pet interaction _____
Elimination habits _____
Sleeping habits_____
Appetite_____
Water intake _____
Skin/Coat _____
Activity levels _____
Other _____

Environment

My cat is: Indoors only Indoor/ Only goes outdoors supervised or in an enclosure
Outdoors only Indoor/ Outdoor
Do you have young children in your household? **Y / N**
Do you have other pets in your household? **Y / N** If yes, what type? _____

Diet

My cat eats:
Dry Canned Semi-moist What Brand? _____
Treats Vitamins Table Food Other Supplements _____
How many times a day is your cat fed and what amount?
_____

Parasite Prevention

Do you give your cat flea preventative **EVERY** month, year round? **Y / N**
Do you give your cat heartworm preventative **EVERY** month, year round? **Y / N**
What type of flea and or heartworm preventative does your cat receive?
Advantage Frontline Revolution None
Heartgard Other _____
Frequency of application: _____

Medication and Health Conditions

Please describe any medication your cat is currently receiving: _____
Does your cat have any known medical conditions? **Y / N** _____