

Cat's Name: _____ Today's Date: _____

Your Name: _____ Co-owner's Name: _____

Has your address, phone number, or email address changed since your last visit? **Yes/No**

May we contact you via email? **Yes / No** email address: _____

Has your cat been micro-chipped? **Yes / No** Has your cat been declawed? **Yes / No**

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

▪ **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? **Yes / No**

Does your cat use a litter box? **Yes / No**

Do you have other pets in your household? **Yes / No** If yes, what type? _____

▪ **Diet**

My cat eats: Dry Canned Semi-moist What Brand? _____

Treats Vitamins Table Food 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? **Yes / No**

Do you give your cat heartworm preventative **EVERY** month, year round? **Yes / No**

What type of flea and or heartworm preventative does your cat receive?

Revolution None Other _____ Frequency of application: _____

▪ **Medication and Health Conditions**

Does your cat have any known medical conditions? **Yes / No** _____

Please describe any medication your cat is currently receiving: _____

▪ **Wellness Plans**

Please select from below, the care Plan you would like your cat to receive today. Refer to the Pet Owner's Manual, in each exam room, for details.

Senior Feline Plan (6+ years old) Young Feline Plan (1-5 Years old)

Feline Wellness Vaccine Special Feline Vaccine Special