

**Please Give Us Some Important Information About Your Cat**

Cat's name: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Lifestyle:** Indoor Only    Outdoor Supervised    In and out freely

**Appetite:** Good    Poor

**Any recent change in appetite?** Increased    Decreased    No change

**Diet:** Brand of food fed:    Dry \_\_\_\_\_ Canned \_\_\_\_\_  
Fed free choice    Measured amount    How much? \_\_\_\_\_

**Water Consumption:**

Normal, does not drink excessively    Drinks excessively    More than usual    Less than usual

**Activity Level:** Normal    Less Active    Hyperactive

**Litter Box:** \_\_\_\_\_ # of litter boxes    \_\_\_\_\_ # of cats in household    Litter type (scoopable/non-scoopable)  
Any problems with the litter box (urinating outside, etc.)? \_\_\_\_\_

**YES    NO**

**Travel:** Does your cat travel?    Where? \_\_\_\_\_

**Vomiting:** If yes, how often? \_\_\_\_\_  
What is vomited? \_\_\_\_\_

Is there a relationship to eating?    No    Yes    How? \_\_\_\_\_

**Diarrhea:** Occasionally    Frequency    How frequent? \_\_\_\_\_  
If diarrhea is present, number of bowel movements per day: \_\_\_\_\_

Straining to defecate:    Yes    No

**Coughing:** Occasionally    Frequently

**Sneezing:** Occasionally    Frequently

**Nasal Discharge:** Pus    Watery    Bloody    Duration: \_\_\_\_\_

**Itching:** Seasonal    Year-round    Location(s) on the cat's body: \_\_\_\_\_

**Fleas or ticks** noticed recently?

**Any skin problems?** Itching    Change in coat quality    Skin masses/lumps

Any medications or supplements given? \_\_\_\_\_

Do you need any medication refills today? **OR** cat food? \_\_\_\_\_

Your questions and concerns: \_\_\_\_\_

Has your address or phone number changed since your last visit?

New information? \_\_\_\_\_