

Patient Name _____ Owner Name _____ Date _____



Feline Inappropriate Elimination Checklist

Please completely fill out this form to help us
provide the best medical care possible for your pet

Reason for today's visit: _____

Does your pet have any of these symptoms? (Check all that apply.)

- | | | |
|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Excessive drinking | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Excessive urination | |

How long has the cat had the problem? _____

Is the cat primarily indoors? Indoor/Outdoor? _____

What surfaces or areas is the cat eliminating on? Urine or feces? _____

How many cats are in the household? _____. How many litter boxes? _____

Any changes in brand or type of litter or location of the litter box? _____

Any changes in the neighborhood or household? For example: new animals/people, moving furniture, remodeling, construction, etc _____

Medications:

Please list all medications including dosages your pet is currently on or has been given recently (Prescriptions, supplements and OTC)

Diet:

What food are you feeding? How Much? How Often? _____

What kind of treats / snacks / people food / chews do you give your pet? _____

How has your pet's appetite been? Increased/decreased? _____

Has your pet been seen elsewhere for medical care since we last saw him/her? Y N

If yes; when and where? What was done? _____

Do we have your permission to transfer records? Y N

If indicated, the veterinary assistant may ask to start diagnostics on your pet such as a urinalysis, lab work, radiographs, or intestinal parasite screens which may allow us to expedite your pets' visit today.

Many of our diagnostics can be performed in the clinic while you wait.