

Please Update Us on the Health of Your Cat

Date: <date>

No one knows your cat better than you do. You see him or her every day and you know best if anything is amiss or if something has changed. Answering the following questions can significantly help us to ensure that he or she receives the best care possible today and that nothing is missed.

*** Please check above information for accuracy.**

- ✓ Add your e-mail address for reminders and special offers _____
- ✓ Do you have more than one cat in your household? Yes No If yes, how many? _____
- ✓ Any other pets? If so, what kind and how many? _____
- ✓ Does your cat spend most of its time inside? More time outside? Always inside?
- ✓ Is your cat frequently around young children? Yes No
- ✓ Do you travel with your cat? Yes No
- ✓ Does your cat go to a groomer? Yes No
- ✓ Are you faithfully giving a heartworm preventative to your cat? Yes No
Which heartworm preventative? _____
- ✓ Are you presently using a flea preventative? Yes No
Which flea preventative? _____
- ✓ What do you feed your cat? Please list brands _____ How much do you feed a day? _____ How often do you feed? _____ Do you feed any table food? Yes No
- ✓ Please list any medications you routinely give your cat

- ✓ Are there any behavioral issues that we need to discuss?

- ✓ Are you here today for (choose all that apply): Exam Vaccines Laboratory tests Problem
- ✓ What problems do we need to address today?

- ✓ Do you prefer to see a specific Doctor or Doctors? Yes No
Circle your preferences: Dr. Pope Dr. Deaton-Smith Dr. Bilhorn Dr. Heath

For Staff Use

Fecal Status:

Date of Last Test _____ Pos. Neg.

Date of Last Deworming _____

Heartworm Status:

Date of Last Test _____ Pos. Neg.

FeLV / FIV Status:

Date of Last Test _____ Pos. Neg.

Other Testing:

Test Name _____

Date of Last Test _____

Date Vaccines Due

<reminders>

Revolution:

Last Purchased _____

Amount Purchased _____