

CLIENT NAME: _____ CAT'S NAME: _____ DATE: _____

As cats move into different phases of life, they experience changes that are remarkably similar to aging humans. Kidney, heart and liver disease, tumors, cancer, diabetes, glaucoma, hyper/ hypo tension, arthritis, obesity, and loss of sensory perception. Wellness testing and preventative health care will allow us to establish baseline values and identify existing health problems that can go unnoticed in their early stages. By answering the following questions about your feline family member and allowing us to do annual wellness blood/urine screening and other diagnostics, you can assist us in detecting the onset of diseases and conditions early.

Current clinical evidence provided by The Center for Disease Control, Companion Animal Parasite Council, and American Association of Feline Practitioners recommend every cat should be protected with year-round, broad spectrum parasite prevention beyond just flea control. Cats are exposed to a number of potentially dangerous parasites that can be transmitted to people.

MY CAT:

- Has contact with other pets Y N
- Exposed to outside Y N
- Is currently on a monthly heartworm preventive Y N
 (Name/Description) _____ Last Given: _____
- Is currently on a monthly Flea/Tick preventative Y N
 (Name/Description) _____ Last Given: _____
- Is currently taking medications or supplements Y N
 (Name/Description) _____ Last Given: _____
- Diet consists of: (Name/Description) _____ Quantity: _____

HAVE YOU NOTICED:

- Change in water consumption Y N
- Change in appetite Y N
- Behavior in your cat you would describe as 'Lethargic' or 'depressed' ('listless') Y N
- Change in color, quantity, or consistency of urine or feces Y N
- Change in attitude (irritability, etc.) Y N
- Change in sleeping patterns Y N
- Weight Gain or Loss Y N
- Bad breath or Drooling / trouble chewing or swallowing Y N
- Lumps, bumps, discoloration, or hair loss Y N
- Excessive panting or difficulty breathing Y N
- Increased stiffness, trouble jumping, walking, or rising Y N

Do you have any specific questions you would like to discuss with the doctor during your visit today?
