



CHECK IN FORM – FELINE PATIENT

Date _____ Owner/Pet's Name _____

Are there any **Concerns** you have regarding your cat's health today? If so, please describe _____

(please circle below)

Y N Has there been any increase or decrease in your cat's **eating/drinking**? (circle which one)

Y N Have you noticed any changes in **Vision** or with the eyes?

Y N Have you noticed any changes with **Hearing**, or debris/odor coming from the **Ears**?

Y N Do you have any concerns about the **Skin**? Any **Lumps**? Location? _____

Y N Does your cat have a bad odor from the **Mouth**?

Y N Does your cat have any **Allergies**? If so, to what? _____

Y N Has your cat been **Vomiting**? How often? _____ What day did it start? _____

Y N Has your cat had any **Diarrhea**? How often? _____ What day did it start? _____

Y N Has your cat been **Coughing or sneezing**?

Y N Has your cat ever had **Seizures**? How often? _____ How long do they last? _____

Y N Does your cat ever **Limp**? If so, what leg(s)? _____ How long has this been occurring? _____

Y N Is there a larger or smaller amount of urine/stool to remove from the box then in the past?

Y N Has your cat been using their **Litterbox** as per usual? If not, please describe the changes you are seeing: _____

Is your cat **INDOORS** or **OUTDOORS** or **BOTH**? _____

When is the last time your pet had **Bloodwork** run? _____

Current Diet and Medication or Supplements:

What is your cat's **Current Brand of Cat Food and Amount of each serving**?: _____

List all Treats _____

When was your cat last given Intestinal Dewormer product? _____

Is your pet on: Revolution or another Flea or Tick product? _____

Name of Drug/Supplement: _____ Dosage? _____

Name of Drug/Supplement: _____ Dosage? _____

FOR OFFICE USE ONLY:

Pet's Weight _____

Name, Address, Phone Email updated in Computer and Chart

Email address: _____