

Your Cat's Annual Examination Report

Please complete the information below so we can keep our records up-to-date.

Your name _____ Date _____ Cat's name _____ Age _____ Weight _____ lb

If your contact information has changed since your last visit, please provide new information.

Street Address, City, State, Zip

(____) _____ (____) _____ (____) _____
Home phone Work phone Cell phone Email

Do you have pet insurance? Yes No If yes, please list name of provider _____

Please complete the following information about your Cat's health.

1. Do you use heartworm preventive? Yes No If yes, list name _____ Date last administered _____

2. Do you use a flea/tick preventive? Yes No If yes, list name _____ Date last administered _____

Have you seen fleas or ticks on your cat? Yes No

3. Do you have other cats or dogs? Yes No If yes, how many? Number of other dogs _____ Number of cats _____

Are all cats and dogs currently vaccinated and on heartworm and flea preventive? Yes No

If no, please explain _____

Any other pets? Yes No If yes, please explain (type of animal, how many, general health) _____

4. What best describes the amount of time your cat spends outdoors?

Daily under supervision 50:50 Indoor/outdoor Outdoor cat Indoors only

5. Check if your cat does any of the following:

Board Groom Comes in contact with neighborhood cats Travels with you

6. What brand of food do you feed your cat? _____ How much and how often? _____
7. Do you provide any dental care for your cat? Yes No If yes, please explain _____
8. Have you noticed any lumps or bumps on your cat? Yes No If yes, please explain _____
9. Have you noticed any skin/coat problems on your cat? Yes No If yes, please explain _____
10. Check if you have noticed any of the following: Coughing or labored breathing Limping Tiredness/sluggishness
 Increased thirst increased urination Diarrhea Constipation Vomiting Dry, lusterless fur
 Increase/decrease in weight Other _____
11. Does your cat have any behaviors you wish you could change? Yes No
If yes, please explain _____
12. Please list any health issues you would like to discuss with the veterinarian. _____

Thank you! Please return this form to the front desk.