

Please Give Us Important Information About Your Pet

Habitat: Indoor Only Indoor/Outdoor Outdoor Only

Other cats in household: No Yes

If yes have other cats been tested for Feline Leukemia? No Yes

If other cats go outside, have they been vaccinated for Feline Leukemia? No Yes

Food(s): _____

Eats specific meals Free choice % table food _____

Appetite: Ravenous (constantly begs) Very Good Good Erratic Picky Poor

Water consumption: Normal Increased Decreased

Activity Level: Very Active Normal Very Inactive

Behavior: Any notable change? _____

Lameness: Which leg(s) _____ Constant Intermittent Duration _____

Difficulty rising: No Yes Duration _____

Vomiting: None/uncommon Occasionally Frequent Frequency _____

What is vomited _____

Is there a constant relationship to eating? No Yes

Diarrhea: None/Uncommon Occasionally Frequent Frequency _____

Number of bowel movements/day _____ Straining to defecate No Yes

Coughing: None Occasionally Frequent

Sneezing: None Occasionally Frequent

Nasal Discharge: No Yes: Pus Watery Bloody Duration _____

Itching: None significant Seasonal Year-round If so, where on body? _____

History of Fight Wounds: No Yes How many in last 2 years? _____

Has tested positive for: Feline Leukemia Virus FIV (Feline AIDS Virus)

Date of last test if not done here (positive or negative) _____

On heartworm preventive: No Regularly Irregularly

Fleas noted recently No Yes Ticks noted recently No Yes

Regular Flea/Tick Control: No Yes Type _____

Please list below any other questions or concerns you have for our doctors or staff:
