

KANSAS CITY VETERINARY CARE, L.C.

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PLEASE COMPLETE AND BRING FOR WELLNESS EXAM

Date _____

Patient Name _____ Owner Name _____ Acct# _____

FELINE HISTORY AND RISK FACTOR EVALUATION

For us to evaluate your cat it is very important that you are his/her voice. We'll use this information to evaluate your cat's health and individualize the care your cat receives, including vaccinations and examinations. Please answer the following questions to describe your cat's lifestyle.

My cat:

- Is allowed to go outside Yes No
Occasionally escapes Yes No
Stays indoors all the time Yes No
Lives with other cats Yes No
Attends cat shows Yes No
Is boarded Yes No
Sometimes has access to the food dish, water bowl, or litter box of other cats Yes No
Sometimes comes into contact with other cats Yes No
I am likely to get an additional cat soon Yes No
Maybe I will get another cat someday Yes No
I plan never to get an additional cat Yes No

Please answer the following to the best of your knowledge

- Appetite Decreased Increased Normal
Weight Loss Gain Stable
Water Consumption Decreased Increased Normal
Bowel Movements Constipated Normal Diarrhea
Urination Decreased Normal Increased Frequency/Amount
Incontinence (Loss of Housetraining) Yes No
Vomiting Yes No
Coughing Yes No
Sneezing Yes No
Gagging Yes No
Listlessness Yes No
Weakness Yes No
Shaking Head Yes No
Scratching Yes No Location _____
Significant Hair Loss Yes No
Flea Control Used Frontline Advantage Revolution Other
Heartworm Control Heartgard Sentinel Interceptor Other
Scooting Yes No
Unusual Lumps/Bumps Yes No
Bad Breath Yes No
Unusual discharge Yes No Location _____
Lameness Yes No Which Leg RF LF RR LR
Difficulty Rising Yes No
Behavioral Changes Yes No
Allergies/Reactions to Medication or Vaccination Yes No
Current Medications _____