

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
- Scotting 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 _____