

Your name:

Date:



Your cat's name:

Lifestyle Questions:

1. Does your cat live with other pets? Yes
Please list type(s):
2. Is your cat declawed? Yes
3. How often do you feed you cat?
4. What brand of cat food do you fed your cat?

Does your dog do any of the following? (please check all that apply)

| | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| boarding | <input type="checkbox"/> | fight with other cats | <input type="checkbox"/> |
| grooming | <input type="checkbox"/> | go outside | <input type="checkbox"/> |
| urinate outside of litter box | <input type="checkbox"/> | bowel movement out of litter box | <input type="checkbox"/> |

Have you noticed a change in the following? (please check all that apply)

| | | | |
|-------------------------|--------------------------|-------------------|--------------------------|
| appetite | <input type="checkbox"/> | weight | <input type="checkbox"/> |
| water consumption | <input type="checkbox"/> | behavior | <input type="checkbox"/> |
| urinary or bowel habits | <input type="checkbox"/> | hair coat or skin | <input type="checkbox"/> |

Does your cat exhibit any of the following? (please check all that apply)

| | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| bad breath | <input type="checkbox"/> | seizures | <input type="checkbox"/> |
| scratching or itching | <input type="checkbox"/> | fainting | <input type="checkbox"/> |
| problems with fleas or ticks | <input type="checkbox"/> | coughing | <input type="checkbox"/> |
| discharge from the eyes | <input type="checkbox"/> | sneezing | <input type="checkbox"/> |
| vision problems | <input type="checkbox"/> | vomiting | <input type="checkbox"/> |
| limping or lameness | <input type="checkbox"/> | diarrhea | <input type="checkbox"/> |
| difficulty getting up and down | <input type="checkbox"/> | lumps, bumps, or growths | <input type="checkbox"/> |

Has your cat been treated for any health problems? Yes

If so please indicate:

What medications is your cat currently taking (please include heartworm, flea and tick products, prescription medications, over the counter medications, and supplements):

The Imperial Animal Hospital wants to make sure your pet is healthy now and in the future. Therefore, we are emphasizing preventative medicine by recommending twice yearly physicals on all animals. Animals over 7 years of age should also have yearly bloodwork, urinalysis, abdominal and chest x-rays.

Are you interested in hearing more about this from your veterinarian? Yes