



Cat's Name \_\_\_\_\_ Date \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

- Does your cat suffer from car sickness? Yes \_\_\_ No \_\_\_
- Does your cat urinate or defecate in the house inappropriately  
or suffer from separation anxiety? Yes \_\_\_ No \_\_\_
- Does your cat try to bite when examined or is aggressive? Yes \_\_\_ No \_\_\_
- Is your cat on any medications? Yes \_\_\_ No \_\_\_ please list \_\_\_\_\_
- Does your cat need their nails clipped today? Yes \_\_\_ No \_\_\_
- Have you noticed changes in your cat's skin or hair coat, or noticed any lumps or growths?  
Yes \_\_\_ No \_\_\_ please list where \_\_\_\_\_
- Does your cat scratch at their ears or have an abnormal discharge? Yes \_\_\_ No \_\_\_
- Is there any coughing, sneezing, or breathing difficulties? Yes \_\_\_ No \_\_\_
- Has your cat ever had a seizure? Yes \_\_\_ No \_\_\_
- Does your cat have dental disease or bad breath? Yes \_\_\_ No \_\_\_
- Do you board your cat? Yes \_\_\_ No \_\_\_ Please list location \_\_\_\_\_
- Does your cat receive year round heartworm, flea and tick preventative? Yes \_\_\_ No \_\_\_
- Has your cat had fleas or ticks in the past? Yes \_\_\_ No \_\_\_
- Do you have pet insurance? Yes \_\_\_ No \_\_\_
- What food do you feed your cat? \_\_\_\_\_ Dry \_\_\_ Can \_\_\_
- Does your cat vomit regularly or suffer from diarrhea / constipation? Yes \_\_\_ No \_\_\_
- Is your cat eating: more \_\_\_ less \_\_\_
- Is your cat drinking: more \_\_\_ less \_\_\_
- Is your cat urinating: more \_\_\_ less \_\_\_ same \_\_\_ unsure \_\_\_
- Is your cat outside: regularly \_\_\_ occasionally \_\_\_ never \_\_\_
- Has your cat's activity level: increased \_\_\_ decreased \_\_\_ or is normal \_\_\_
- Does your cat use its litter box: regularly \_\_\_ occasionally \_\_\_ never \_\_\_
- Does your cat have any vision issues? Yes \_\_\_ No \_\_\_ Hearing? Yes \_\_\_ No \_\_\_
- Is there a history of a reaction to vaccinations or drug allergies? Yes \_\_\_ No \_\_\_ list \_\_\_\_\_
- Does anyone with direct contact with your cat have diabetes, is undergoing cancer  
treatment, or have an immune – medicated disease  
like multiple sclerosis or HIV? Yes \_\_\_ No \_\_\_
- Is anyone in the household pregnant? Yes \_\_\_ No \_\_\_
- If yes; Has proper pet care been discussed with your doctor? Yes \_\_\_ No \_\_\_
- Do any family members suffer from pet allergies? Dog ( ) Cat ( ) Yes \_\_\_ No \_\_\_
- Do you have any pets that are not patients at Glenroads Veterinary Clinic? Yes \_\_\_ No \_\_\_
- Please list any other concerns or topics you would like discussed \_\_\_\_\_
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