Give us some important information on your cat.

Please note: The doctor will need this form completed prior to examining your cat.
You may fax it in to **251-8636** or email to **allcatsclinic@sbcglobal.net** if needed. Thank you!

Date:_____ Cat's Name:_____ Owner's Name:_____

Planned Procedure:_____

Habitat: ☐Indoor Only ☐Mostly Indoor ☐Outdoor Only ☐Mostly Outdoor ☐In & Out freely

Appetite: ☐Very Good ☐Good ☐Erratic ☐Picky ☐Poor ☐Very Poor Any changes in appetite? ☐Up ☐Down

Diet: ☐Eats specific meals ☐Food left out % of table food:_____ % of treats: _____ % of dog food (if any):_____

Type of food(s)/treat(s):_____

Water Consumption: ☐Drinks normally ☐Drinks LESS than normal ☐Drinks MORE than normal Notes:_____

Activity Level: ☐Very Active ☐Normal ☐Very Inactive/Lethargic ☐MORE ☐LESS active than usual

Last vaccines:_____ Any history we should know about your cat? _____

YES	NO	
☐	☐	Do you **board** your cat?
☐	☐	Does your cat frequent **cat shows**?
☐	☐	**Lameness?** Which leg(s)?_____ ☐Constant ☐Intermittent ☐Duration
☐	☐	**Behavior:** Any notable change?_____
☐	☐	**Vomiting:** If yes, how often:_____ What is vomited?_____ Is there a relationship to eating? ☐Yes ☐No If yes, how:_____
☐	☐	**Diarrhea:** ☐Occasionally ☐Frequently If yes, how often:_____ If yes, number of times per day:_____ Did you bring a sample? ☐Y or ☐N Is the cat straining to defecate: ☐Y or ☐N
☐	☐	**Coughing:** ☐Occasionally ☐Frequently
☐	☐	**Sneezing:** If yes, how often: _____
☐	☐	**Nasal Discharge:** ☐Pus ☐Watery ☐Bloody Duration:_____
☐	☐	**Itching:** If yes, ☐Seasonal ☐Year-Round Location on cat's body:_____
☐	☐	**History of Fight Wounds:** _____ How many in the last 2 years?_____
☐	☐	Has **tested positive** for ☐Feline Leukemia ☐Feline AIDS (FIV) ☐Not tested
☐	☐	**Fleas** or **ticks** noted:_____
☐	☐	On **flea** or **tick** prevention: If yes, type:_____ ☐Regularly or ☐Irregularly
☐	☐	On **heartworm** prevention: If yes, type:_____ ☐Regularly or ☐Irregularly

Medications regularly taken:_____ **Summary of your Concerns**_____

_____

Has your phone number or address changed recently? ☐Y or ☐N New Information:_____

Signature:_____ Contact #:_____

All Cats Clinic, 3100 No. College Ave, Fayetteville, AR 72703 479-571-1228