

Important Questions About Your Feline Family Member : _____

As your pet ages, changes take place that may indicate medical problems. ***We are believers in preventing illness rather than treating illness.*** Please take a moment to tell us about your 4-legged family member:

Do you travel with your pet? Yes No
Do you board or have your cat groomed? Yes No
Does your cat go outside? Yes No

Have you noticed any of the following?

Please Circle

For Doctor/Tech Use Only _____

Vomiting	Yes	No	_____
Weight loss or gain	Yes	No	_____
Change in Appetite	Yes	No	_____
Increased Thirst/Urination	Yes	No	_____
Coughing/ Sneezing/ Nasal Discharge	Yes	No	_____
Limping	Yes	No	_____
Behavioral/Activity Change	Yes	No	_____
Soft Stools/Gas	Yes	No	_____
Fleas/Ticks	Yes	No	_____
Itching/Licking/Chewing	Yes	No	_____
Shaking Head	Yes	No	_____
Skin/Haircoat Changes	Yes	No	_____
Growths or Lumps (New)	Yes	No	_____

Food(s) Pet Normally Eats: _____

Medications/Supplements regularly given: _____

Summary of Your Concerns:

