

Your Cat's Annual Examination Report

Please complete the information below so we can keep our records up-to-date.

Your name _____ Date _____ Cat's name _____ Age _____ Weight _____ lbs

If your contact information has changed since your last visit, please provide new information.

Street Address, City, State, Zip

(____) _____ (____) _____ (____) _____
Home phone Work phone Cell phone Email

Do you have pet insurance? Yes No If yes, please list name of provider _____

Please complete the following information about your cat's health.

1. Do you use a heartworm preventive? Yes No If yes, list name _____ Date last administered _____

2. Do you use a flea/tick preventive? Yes No

Have you seen fleas or ticks on your cat? Yes No

3. Do you have other cats or dogs? Yes No If yes, how many? Number of other cats _____ Number of dogs _____

Are all cats and dogs currently vaccinated and on heartworm and flea preventives? Yes No

If no, please explain _____

Any other pets? Yes No If yes, please explain (type of animal, how many, general health) _____

4. What best describes the amount of time your cat spends outdoors?

Daily under supervision 50:50 Indoor/outdoor Outdoor cat Indoors only

5. Check if your cat does any of the following:

Board Groom Comes in contact with neighborhood cats Travels with you

6. What brand of food do you feed your cat? _____ How much and how often? _____

7. Do you provide any dental care for your cat? Yes No If yes, please explain _____

8. Have you noticed any lumps or bumps on your cat? Yes No If yes, please explain _____

9. Have you noticed any skin/coat problems on your cat? Yes No If yes, please explain _____

10. Check if you have noticed any of the following: Coughing or labored breathing Limping Tiredness/sluggishness

Increased thirst Increased urination Diarrhea Constipation Vomiting Dry, lusterless fur

Increase/decrease in weight Other _____

11. Does your cat have any behaviors you wish you could change? Yes No

If yes, please explain _____

12. Please list any health issues you would like to discuss with the veterinarian. _____

Thank you! Please return this form to the front desk.

Feline Annual Examination Report

GENERAL

Weight: Normal Thin Heavy Ideal weight _____lbs

Attitude: Normal Lethargic Nervous

VACCINATIONS ADMINISTERED TODAY

RV HCP FeLV FIP Bord Chlamydia Other _____

DIAGNOSTICS

Heartworm antigen test: Negative Positive FeLV/FIV test: Negative Positive

Internal parasite test: Negative Positive Other _____

COAT AND SKIN

Appear normal Dull, scaly, dry Itchy Matted Parasites

Other _____

EYES AND EARS

Appear normal Excessive wax Discharge Infection Odor Mites

Conjunctivitis Other _____

NOSE AND THROAT

Appear normal Sneezing Inflammation Discharge Swelling Tumor

Other _____

MOUTH/TEETH/GUMS

Appear normal Broken teeth Tartar Gingivitis Calculus Ulcers

Periodontal Disease: Stage ____ / 4 Other _____

HEART AND LUNGS

Normal Heart murmur Congestion Cough Difficulty breathing

Other _____

LEGS AND PAWS

Appear normal Nail problems Tumor

Lameness: Front Right Left Rear Right Left

Other _____

GI TRACT/ABDOMEN

Appear normal Diarrhea Vomiting Enlarged organ Tumor

Other _____

NOTES

ANNUAL CHECKLIST

Has Needs

Heartworm preventive _____

Flea preventive _____

Food _____

Pet tabs or multivitamins _____

Dental care _____

Microchip/identification tag _____

Blood tests _____

Other _____

NEXT APPOINTMENT

_____ for _____