Recent Medical History

Pet's Name: _____ Date: _____

Has your pet shown any of the following signs or symptoms?

Yes	No		Yes	No	
☐	☐	Vomiting	☐	☐	Skin Problems
☐	☐	Diarrhea	☐	☐	Lumps or Bumps
☐	☐	Lameness or Stiffness	☐	☐	Itching or Scratching
☐	☐	Listlessness or Weakness	☐	☐	Poor Coat/Hair Loss
☐	☐	Tremors or Seizures	☐	☐	Head Shaking
☐	☐	Coughing or Sneezing	☐	☐	Unusual Body Odors
☐	☐	Scooting on the Rear End	☐	☐	Unusual Discharges

If yes, please explain: _____

_____

Has your pet shown significant change in any of the following?

Yes	No	Please Circle the Appropriate Answer
☐	☐	Appetite? Increased Decreased
☐	☐	Water Intake? Increased Decreased
☐	☐	Character of Bowel Movement? Diarrhea Constipation Increased Frequency Decreased Frequency
☐	☐	Frequency or Amount of Urination? Increased Frequency Increased Volume Decreased Frequency Decreased Volume
☐	☐	Change in litter box activity?
☐	☐	Change in Body Weight? Gain Loss
☐	☐	Behavior? Explain: _____

_____

Brand of Normal Diet: _____

Number of meals per day: _____ Amount per meal (cups of food): _____

Treats (brand/type): _____ Number of treats per day: _____

Medications/Supplements: _____

Is there anything else we need to know? _____

Lifestyle Questionnaire

In an effort to base our vaccination recommendations upon your cat's individual disease risks, we are asking that you take a few moments to answer the following questions regarding your cat's daily life.

Yes	No	
☐	☐	1. Does your cat ever encounter free-roaming cats?
☐	☐	2. Do you ever feed stray cats?
☐	☐	3. Do you ever bring stray cats into your house?
☐	☐	4. Do you plan on adding another cat to your household in the next few months?
☐	☐	5. Do you travel with your cat?
☐	☐	6. Do you board your cat or take your cat to a groomer?
☐	☐	7. Has your pet ever had a reaction to a vaccination in the past (soreness, lethargy, vomiting, diarrhea, and/or developed a lump at a vaccination site)?

Who is your pet insurance carrier? _____
When was the last time your cat was outside? _____
Heartworm preventative brand: _____
Flea control product: _____
Strict monthly use (___) or, I skip the occasional dose (___)

I understand that Heartland Animal Hospital recommends screening my pet for external (fleas) and internal (intestinal parasites and heartworms) parasites, which can cause disease not only in my pet, but in my human family members as well. I also understand that Heartland Animal Hospital recommends year-round once monthly doses of preventives for both external and internal parasites. Further, I understand that if I choose not to follow these recommendations, I am leaving my pet and family members vulnerable and can not hold Heartland Animal Hospital responsible for disease caused by these parasites.

X_____ Date:_____