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? _____

_____

_____

_____

Please turn over and complete the Lifestyle Questionnaire.

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 go outside?

☐ No—but does try to escape and/or has succeeded in escaping in the past.

☐ Yes—but only on a leash.

☐ Yes—unrestrained, but always supervised.

☐ Yes—unrestrained and unsupervised but only in a fenced yard.

☐ Yes—unrestrained, unsupervised, and allowed total freedom.

When was the last time your cat was outside? _____

☐ ☐ 2. Does your cat ever encounter free-roaming cats?

☐ ☐ 3. Do you ever feed stray cats?

☐ ☐ 4. Do you ever bring stray cats into your house?

☐ ☐ 5. Do you plan on adding another cat to your household in the next few months?

☐ ☐ 6. Do you travel with your cat?

☐ ☐ 7. Do you board your cat or take your cat to a groomer?

☐ ☐ 8. 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)?

☐ ☐ 9. Is your pet microchipped?

Your answers to the above questions help us to custom tailor a vaccination protocol for your cat. This helps to ensure that your cat is protected from diseases that are relevant to his/her lifestyle.

Who is your pet insurance carrier? _____

Flea control product: _____
Strict monthly use (_____) or I miss the occasional dose (_____)