



# CAT/OWNER HISTORY

**We want you to have a great experience here, so please bear with us and tell us about yourself and answer some funny questions**

Have you reviewed your contact information (address, phone numbers, etc)?  Yes  No Still current?  Yes  No

How would you prefer to be contacted: email text home phone cell phone work phone Other: \_\_\_\_\_

How do you prefer to be addressed (Mr/Mrs/Ms, first name, other): \_\_\_\_\_

Today are you: Kind of in a rush/prefer to get done and get out of here **OR** Not in a rush/interested in lots of information exchange

When it comes to your cat's health/our medical recommendations, do you prefer: general info (D/I) **OR** specific info (S/C)?

When you receive information, do you prefer to: a) See pictures/ handouts b) Hear someone explain c) Demonstration when possible

What's your cat's favorite activity? \_\_\_\_\_  Not sure

Does he/she have any weird/interesting behaviors? \_\_\_\_\_  Not sure

What is your favorite things about your cat? \_\_\_\_\_  Not sure

How does your cat feel about visiting the vet: **Anxious Neutral Happy/Excited Don't know / Not sure**

Can your cat have treats during their visit? **Yes No Yes, but only** \_\_\_\_\_

Do you think your cat is: **Underweight Just right Overweight don't know / Not sure**

Would you say your cat is: **Lazy Active Hyper don't know / Not sure**

Are there any things about your cat that you don't understand and would like to discuss?

\_\_\_\_\_  
\_\_\_\_\_  Not sure

Are there any diseases/conditions you are particularly concerned about / want to guard against?

\_\_\_\_\_  
\_\_\_\_\_  Not sure

In what ways would you like your cat to be "better"?

\_\_\_\_\_  
\_\_\_\_\_  Not sure

Is there anything we could do to make you feel like a better cat owner?

\_\_\_\_\_  
\_\_\_\_\_  Not sure

Would you be interested in a life plan / living will for your cat?

\_\_\_\_\_  
\_\_\_\_\_  Not sure

Anything else you'd like us to know?

RRAH Office use:

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Weight: \_\_\_\_\_ Today's Temp: \_\_\_\_\_ Today's Age:

**Reason for Visit:**  Routine updates  Other \_\_\_\_\_

**Vaccinations** up to date?  Yes  No  Not sure **Spayed / Neutered?**  Yes  No  Not sure

**Heartworm** preventive used? \_\_\_\_\_ Last time given: \_\_\_\_\_ Happy with it?  Yes  No \_\_\_\_\_

**Flea/Tick control** used? \_\_\_\_\_ Last time applied/given: \_\_\_\_\_ Working?  Yes  No

How often do you bathe your pet? \_\_\_\_\_ What shampoo used? \_\_\_\_\_

Does your pet like water?  Yes  No If yes, how often? \_\_\_\_\_

Any **injury or illness** recently or that still affects him/her?  Yes  No Describe: \_\_\_\_\_

On any **medications/supplements?**  Yes  No Describe: \_\_\_\_\_

Any **adverse reaction** after vaccinations, drugs, or medications:  Yes  No Describe: \_\_\_\_\_

Time **outdoors?**  Indoor only  50:50 Indoor/outdoor  Outdoor only

Is your cat exposed to other cats?  Yes  No (boarding, groomer, stray cats, etc)

**Other pets** in the house? \_\_\_\_\_

Are your other pets vaccinated and on heartworm and flea and tick preventative, if applicable?  Yes  No

**What food does your cat eat?** \_\_\_\_\_ **How often?** \_\_\_\_\_ **How much per meal?** \_\_\_\_\_

Table scraps?  Yes  No Treats?  Yes  No Type: \_\_\_\_\_

**Tell us how your cat is doing!**

**Appetite:**  Increased  Normal  Decreased  Not sure

**Water Consumption?**  Increased  Normal  Decreased  Not sure

**Weight:**  Gain  Stable  Loss  Not sure

**Bowel Movements?**  Normal  Constipated  Diarrhea  Bloody

**Urination?**  Normal  Increased  Decreased  Bloody

**Significant Hair Loss?**  Yes  No  Patchy  Generalized  Excessive Shedding

**Lameness?**  Yes  No **Which Leg?**  RF  LF  RR  LR  Not sure

**Stiffness or Difficulty Rising?**  Yes  No **After sleeping?**  Yes  No **After exercise?**  Yes  No

**Unusual Lumps or Bumps?**  Yes  No Location: \_\_\_\_\_

**Any Behavioral Changes?**  Yes  No Describe: \_\_\_\_\_

**Vomiting?**  Yes  No **Coughing or sneezing**  Yes  No

**Any Listlessness?**  Yes  No **Any Seizures?**  Yes  No

**Shaking Head?**  Yes  No **Scratching/Scooting?**  Yes  No

**Bad Breath?**  Yes  No **Unusual Discharge?**  Yes  No Location: \_\_\_\_\_

Do you need any flea and tick or heartworm preventative today?  Yes  No