

Kitten First Visit Wellness History Form

Client Name _____

Patient Name _____

Appointment Date: _____

List any major concerns and your expectations for today. Please note any changes since your last visit.

Who is your pet's insurance carrier?

Do you know what your deductible is currently set at?

Please list other pets and/or children currently living in your household, and their ages: [ie: Fido (2 years)]

Please name your other healthcare professionals your pet is seeing (holistic, acupuncture, chiropractor, specialist etc):

****Previous Records:** We prefer to have previous medical records prior to your appointment so we may serve you and your pet to the best of our ability. Please contact us if you would like your records forwarded.

MEDICATIONS

What medications and/or supplements does your cat receive?

What dose is the medication?
(IE: 50mg)

How often do you give this medication?
(IE: 2 times a day)

What medications and/or supplements does your cat receive?	What dose is the medication? (IE: 50mg)	How often do you give this medication? (IE: 2 times a day)

Does your cat receive Heartworm/Intestinal Parasite/Flea/Tick Preventatives? Yes No

If yes, which brands do you use and how often do you give it to your cat?

Appointment Date: _____

NUTRITION

What brand of food do you feed your cat and is it a wet or dry food?

How much food do you feed your cat in one meal?

What treats does your cat enjoy?

What kind of people food does your cat enjoy?

What type of water bowl does your cat drink out of?

(plastic, stainless steel, ceramic etc.)

Does your cat drink from any unusual places?

(IE: toilet, sink, bubbling water fountain)

Yes

No

DENTAL

How often do you brush your cats' teeth?

Do you offer any products that promote dental health? (IE: CET products, T/D)

BEHAVIOR

(Please check the following your cat is displaying)

Has your cat had an increase or decrease in activity?

Yes

No

If yes, please specify:

Does your cat spray?

Yes

No

Does your cat regularly urinate or defecate outside of the litter box?

Has your cat had any accidents outside of his/her litter box since your last visit with us?

Does your cat play aggressively?

Yes

No

Has your cat shown any aggression towards people or other pets?

Does your cat display any destructive behaviors? (IE: chewing or scratching)

Yes

No

Do you use synthetic pheromone products? (Feliway spray, diffuser etc.)

Yes

No

If yes, which product(s) do you use?

How often do you use / refill?

Have you noticed a change in social interaction with your cat & family members?

Yes

No

If yes, please explain: (purring more or less, etc.)

HOME HEALTH CARE

How often do you brush your cat's coat?

N/A

How often do you clean your cat's ears?

N/A

How often do you trim your cat's nails?

N/A

Appointment Date: _____

TRAVEL

Do you leave your cat carrier out in your house?
If yes, where in your house does the carrier stay?
Does they spend time in their carrier when not traveling?
Briefly describe the ride to the hospital:

Yes No
 Yes No

How often does your cat go outside?

TOILET HABITS

Describe the kind of litter box(es) your cat uses.
(Uncovered/covered, short sides/tall sides, plastic/metal, oversized/giant, decorative, etc.)

On average, how many times does your cat use the litter box in one day?

Where are your litter boxes located?

What type of litter do you use?

How often do you clean your litter box(es)?

Please tell us if any of your cats' actions listed below have changed

	No Changes	Increased	Decreased	Comments:
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Please tell us if your cat is experiencing any of the following symptoms:

	No	Yes	Unsure	Comments:
Lethargy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>If yes, which leg?</u>
Lumps/bumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEIGHT

Body Condition Scoring is an estimation of your cat's percentage of body fat.
Please review the chart below and select which body condition score you believe your cat falls in.

BODY CONDITION SYSTEM

TOO THIN	1	Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia easily palpated.	
	2	Ribs easily visible on shorthaired cats; lumbar vertebrae obvious with minimal muscle mass; pronounced abdominal tuck; no palpable fat.	
	3	Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious; obvious waist behind ribs; minimal abdominal fat.	
	4	Ribs palpable with minimal fat covering; noticeable waist behind ribs; slight abdominal tuck; abdominal fat pad absent.	
IDEAL	5	Well-proportioned; observe waist behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.	
	6	Ribs palpable with slight excess fat covering; waist and abdominal fat pad distinguishable but not obvious; abdominal tuck absent.	
TOO HEAVY	7	Ribs not easily palpated with moderate fat covering; waist poorly discernible; obvious rounding of abdomen; moderate abdominal fat pad.	
	8	Ribs not palpable with excess fat covering; waist absent; obvious rounding of abdomen with prominent abdominal fat pad; fat deposits present over lumbar area.	
	9	Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat deposits.	

		I believe my cat has a body condition score of 1.
		I believe my cat has a body condition score of 2.
		I believe my cat has a body condition score of 3.
		I believe my cat has a body condition score of 4.
		I believe my cat has a body condition score of 5.
		I believe my cat has a body condition score of 6.
		I believe my cat has a body condition score of 7.
		I believe my cat has a body condition score of 8.
		I believe my cat has a body condition score of 9.

Form Completed by: _____ on _____
(name) (date)

Appointment Date: _____