Albuquerque Cat Clinic

DROP OFF CHECKLIST

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PET'S NAME: _____ **Date**: _____

REASON FOR VISIT/ OTHER CONCERNS?

_____

_____

_____

HABITAT: □ Multi-cat _____ □ Indoor □ Exposure to outdoor cat □ Outdoor:(□ Supervised or □ Unsupervised) □ Hunts □ Fights

APPETITE: □ Very good □ Good □ Erratic □ Picky □ Poor □ Very Poor □ Unsure

Any recent change in appetite_____

DIET: □ Eats at specific meal times _____ □ Fed Free Choice □ Dry □ Canned

Any recent change in diet_____

Food(s) Brand: _____ How much/measured:_____

WATER CONSUMPTION: □ Normal □ Drinks Excessively □ Drinks More □ Drinks Less □ Unsure

Explain change in drinking_____

LITTER BOXES: How many_____, Type of litter_____ □ Covered □ Uncovered

□ Replaced recently? Cleaned how often? _____

□ Straining to defecate □ Blood in stools □ Mucus in stools? When did it start?_____

URINATION: □ Normal □ Urinates excessively □ Urinates More □ Urinates less □ Straining □ Blood □ Unsure

□ yes □ no **DIARRHEA:** □ Occasionally □ Frequently When did it start?_____

□ yes □ no **CONSTIPATION:** □ Occasionally □ Frequently When did it start?_____

Last known bowel movement? _____

□ yes □ no **INAPPROPRIATE ELIMINATION:** (□ Urinating and/or □ Defecating outside of box**):**

Where is cat eliminating_____ Location of boxes: _____

□ yes □ no **VOMITING:** If yes, how often? _____ When did it start? _____

What is vomited? (i.e. food, liquid, foam) _____

Is there a relationship to eating? □ no □ yes How? _____

□ yes □ no **COUGHING:** □ Occasionally □ Frequently When first noticed:_____

□ yes □ no **SNEEZING:** □ Occasionally □ Frequently When first noticed:_____

ACTIVITY LEVEL: □ Very active □ Normal □ Very inactive □ More active □ Less Active □ Lethargic □ Hiding □ Vocalization

MOBILITY: □ Normal □ Unable/hesitant to jump up □ Unable/hesitant to jump down □ Acting old □ Limping □ Sore

□ Lameness**:** Which leg(s)_____ □ constant □ intermittent

When first noticed:_____

□ yes □ no **MEDICATIONS:** (Is your cat currently on any medications or supplements?) _____

_____

□ yes □ no **BAD BREATH**

□ yes □ no **NASAL DISCHARGE:** □ Right nostril □ Left nostril □ Both nostrils □ Thick mucus □ Watery □ Green/Yellow/White □ Bloody When first noticed: _____

□ yes □ no **EYE DISCHARGE/IRRITATION:** □ Right eye □ Left eye □ Both eyes □ Squinty □ Holding closed □Rubbing

□ Thick mucus □ Watery □ Clear □ Green/Yellow/White □ Bloody When first noticed: _____

□ yes □ no **LICKING OR SCRATCHING:** □ Just started □ Seasonal □ Year around

Location on cat's body: _____ First noticed: _____

□ yes □ no **UNUSUAL LUMPS OR BUMPS?** Location(s): _____ First noticed: _____

Any changes in shape/size: _____

□ yes □ no History of allergies or reactions to drugs, anesthesia, or vaccines? If yes, explain:_____

□ yes □ no Can you medicate? Pills, liquid, or injections?_____

□ yes □ no **BEHAVIOR:** Any notable change (i.e. vocalization, hiding, aggression, etc.)_____

□ yes □ no **Any changes to environment?** i.e. family dynamics, construction, moved, new pet in house, cats in neighborhood, etc.?

_____

_____