

Clinic use only

Albuquerque Cat Clinic drop off history for: _____ **Date:** _____

Age: _____ **Sex:** _____ **Last weight:** _____ **Date of last weight:** _____ **Current weight:** _____

Services needed: Well-visit _____ Rabies _____ FeLV/FIV test _____ BP _____ BW _____ Last Panel _____
Sick visit _____ RCP _____ Microchip _____ TNT _____
Re-check _____ FeLV _____ Dewormer _____ SQ Fluids _____ Other _____

Temperament: Gentle ___ Friendly ___ Nervous ___ Grumpy ___ Aggressive ___ Bites ___ Scratches ___
Habitat: Multi-cat ___ Indoor only ___ Exposure to outdoor cat ___ Outdoor supervised ___ Outdoor unsupervised ___ Hunts ___ Fights ___
Litter Boxes: How many ___ Covered ___ Uncovered ___ Type of litter _____ Cleaned how often _____ Replaced recently ___
Appetite: Very good ___ Good ___ Erratic ___ Picky ___ Poor ___ Very Poor ___ Unsure ___ **Any recent change in appetite** _____
Diet: Eats specific meals ___ 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 ___ **Any recent change in drinking** _____
Urination: Normal ___ Urinates excessively ___ Urinates more ___ Urinates less ___ Straining ___ Blood ___ Unsure ___
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 ___

Yes No

- History of allergies or reactions to drugs, anesthesia, or vaccines?** If yes, explain: _____
- Lameness:** Which leg(s) _____ constant intermittent When first noticed: _____
- Behavior:** Any notable change (i.e. vocalization, hiding, aggression, etc.) _____
- 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? _____
- Diarrhea:** Occasionally Frequently When did it start? _____ Number of bowel movements per day? _____
Straining to defecate yes no Blood in stools yes no Mucus in stools yes no
- Constipation:** Occasionally Frequently When did it start? _____
Last known bowel movement? _____ Straining to defecate yes no Blood in stools yes no
- Coughing:** Occasionally Frequently
- Sneezing:** Occasionally Frequently
- Nasal Discharge:** Right nostril Left nostril Both nostrils Thick mucus Watery Green/Yellow/White
 Bloody When first noticed: _____
- Eye Discharge/Pain:** Right eye Left eye Both eyes Squinty Holding closed Rubbing
 Thick mucus Watery Clear Green/Yellow/White Bloody When first noticed: _____
- Skin/Coat:** Normal Matted Dull/Dry Dandruff Bald spots/hair loss
- Licking or scratching:** Just started Seasonal Year around Location on cat's body: _____ Started: _____
- Unusual lumps or bumps?** Location(s): _____ First Noticed: _____
Any changes in shape/size: _____
- Inappropriate elimination** (Urinating or defecating outside of box): Where is cat eliminating _____
Location of boxes: _____
- Bad Breath**

Is your cat currently on any medications and/or supplements? _____

Can you medicate? Pills, liquid, or injections? _____

Has there been any changes to environment? Example: family dynamics, construction, moved, new pet in house, cats in neighborhood, etc.?
