

Olathe Animal Hospital



Feline Wellness Exam

Owner's Name _____
Address _____
Phone numbers Home: _____
Other: _____
Addtl' phone _____
Email address _____

Pet's Name _____
Breed: _____
Sex: M F Neutered/spayed?
Age: _____
Microchip# _____

ANNUAL HISTORY AND RISK FACTOR EVALUATION

We'll use this information to help evaluate your cat's health and individualize the care your cat receives, including vaccinations and examinations. For numbers 1-8, put a check next to the one that describe your cat's current lifestyle.

My cat:

1. Goes outside: Never-indoor only () Occasionally () Always ()
2. Lives with other cats: Yes () No ()
3. Attends cat shows: Yes () No ()
4. Is boarded: Yes () No ()
5. Has access to the food dish, water bowl, and/or litter box of other cats: Yes () No ()
6. Comes into contact with other cats-other than house mates: Yes () No ()
7. I will get an additional cat someday: Yes () Maybe () Never ()
8. Lives with or frequently visits pregnant or immunocompromised person Yes () No ()
9. Please indicate if <animal> is on any medication:
Heartworm Prevention: Heartgard Revolution Other: _____
Flea Prevention: Frontline Revolution Other: _____
Other Medications: _____

Do you need any heartworm prevention today? Y / N If so, how many doses? single dose 6mos 12mos
Do you need any flea/tick preventative today? Y / N if so, how many doses? single dose 6mos 12mos
My pet has a microchip Y / N Would you be interested in a microchip today? Y / N

Please answer the following questions to the best of your knowledge.

Appetite: () Normal () Decreased () Increased
Current Brand of Diet: _____
Weight: () Stable () Loss () Gain
Water consumption? () Normal () Decreased () Increased
Bowel movements? () Normal () Constipated () Diarrhea (How long? _____)
Urination? () Normal () Decreased () Increased Amount () Increased Frequency () Straining to Urinate
Using litter box? () Yes () No
Vomiting? () Yes () No
Coughing? () Yes () No
Sneezing? () Yes () No
Gagging? () Yes () No
Any listlessness? () Yes () No
Any weakness? () Yes () No
Shaking head? () Yes () No
Scratching? () Yes () No (Location: _____)
Hair loss? () Yes () No () Patchy () Generalized () Excessive Shedding
New lumps or bumps? () Yes () No
Bad breath? () Yes () No
Unusual discharge? () Yes () No (Location: _____)
Lameness? () Yes () No Which Leg: () RF () LF () RR () LR
Difficulty rising? () Yes () No
Reluctant to jump? () Yes () No
Any behavioral changes? () Yes () No
Previously tested for: () Feline Leukemia () Feline AIDS (FIV) When? _____
Any previous medical conditions or surgeries we should know about? _____

It's ok to post pictures of my pet on Olathe Animal Hospital's Facebook page or website. (We love to share our pictures with other pet lovers!) **Don't forget to like us on Facebook!**