



Thank you for allowing us to help you care for your kitty! We want to make this as speedy and quick of a visit for your kitty as possible so they can get back home and back to their normal activities. In order to help us accomplish this for your kitty, please read over and answer the following questions. Please write on form and email back to us at customerservice@stlouiscatclinic.com OR print it out, fill in the answers and bring it with you to your appointment.

Name: {NAME} {LASTNAME}

Date:

FOOD (please fill in the blanks)

Food brand:

Amount:

Dry or canned or both:

Treats or other supplements:

WATER INTAKE (please circle the most appropriate answer in each area)

- A) Less than normal
- B) Normal
- C) More than normal

LITTERBOX (please circle the most appropriate answer in each area)

- | | | |
|---------------------|---------------------|---------------------|
| Bowel movements are | Bowel movements are | Urination is |
| A) Too soft | A) Less frequent | A) Less than normal |
| B) Normal | B) Normal | B) Normal |
| C) Too hard | C) More frequent | C) More than normal |

If you have observed A or C to any of the above, please elaborate here:

Have you observed any other issues with urine/bowel movements? No Yes
If yes please elaborate here:

Environment (please circle one of the following):

- A) My cat is strictly indoors
- B) My cat has occasional supervised outdoor access such as on a leash or on a screened in porch
- C) My cat is indoor/outdoor
- D) My cat is strictly outdoors

BEHAVIORS (please circle the most appropriate answer in each area)

- | | |
|------------------------------|---------------------|
| Vomiting Noticed: | Energy/attitude: |
| A) less than once a month | A) Increased energy |
| B) between 1-4 times a month | B) Normal energy |
| C) more than 4 times a month | C) Decreased energy |

DECLAWED: Yes or No? If yes, front paws or all four?

MOBILITY (Please rate your cat's ability to complete the following activities. 1 being the least able/proficient to 5 being the most able/proficient.)

Jumping Up: 1 2 3 4 5

Jumping Down: 1 2 3 4 5

Climbing up Stairs: 1 2 3 4 5

Climbing down Stairs: 1 2 3 4 5

Running: 1 2 3 4 5

Please use the space below to note any stretches, hesitations, or other activities that you observe during the above activities.

MEDICATIONS (Please use the space below to fill in any medications you give, please list name, concentration if known, and approximate times of day you give)

GENERALIZED HEALTH CONCERNS (Please use the space below to tell us your health concerns you would like addressed at the visit)

PRODUCT PICK-UP and SERVICES

Are there any things you would like to pick up while you are here today? I.e food, medications, fluid supplies, etc.

Are there any additional services you would like while your kitty is here today? Please circle if desired

- A) Nail trim
- B) Sanitary shave
- C) Shave/clip mats
- D) Anal gland expression
- E) Parasite prevention (revolution)

Thank you for helping us to make this a quick and happy visit for your feline friend!

We require 24 hours notice for cancellations. That way we have that time available to help another sick kitty. Please call to cancel. 314-832-2287.