



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:

Follow-up Information

PROGRESS SINCE LAST VISIT (please circle the most appropriate answer in each area)

- A) Improving
- B) Staying the Same
- C) Worsening

Please elaborate here:

MEDICATIONS (please use the space below to fill medications you are giving EVEN IF WE PRESCRIBED IT - PLEASE LIST NAMES, DOSES AND HOW YOU ADMINISTER as this can help limit any chance of medical mistakes) *please list as medicine name, concentration, and approximately what times of day you give, and if you have experienced any issues with administration.*

General Health Information

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:

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

Vomiting Noticed:

- A) less than once a month
- B) between 1-4 times a month
- C) more than 4 times a month

Energy/attitude:

- A) Increased energy
- B) Normal energy
- C) Decreased energy

Mobility:

- A) Improved
- B) Neutral
- C) Decreased

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.