



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:

Your cat is being seen as a drop off. He/She does not have an appointment time. Pick up times are estimates and depend on when the doctor is able to examine your kitty, how long it takes to communicate with you, and time needed to enact the agreed upon treatment plan.

DURING THE VISIT

- Please write the best contact phone number to reach you at during the visit below:
PHONE NUMBER:
- We will be calling you several times during the visit, possibly from a blocked/private number. Please answer this call as it will save you and your kitty time! We will call after the physical exam, go over any additional questions we may have, and discuss our recommendations.

GABAPENTIN

Has your cat received gabapentin at home today?

- A) YES How much? _____ At what time? _____
B) NO

In order to reduce your kitty's stress level during their visit today, do we have permission to administer gabapentin, a light sedative? It will only be given if the doctor in charge of your kitty's care also approves.

- A) YES
B) NO

DIAGNOSTIC TESTING

If your kitty has not had routine labwork such as blood and urine testing within the last six months, and the doctors recommend it to be an important part of your kitty's treatment plan today, do you approve the collection and immediate testing of these samples or other diagnostic testing (x-rays, ultrasound, etc.) prior to discussing the plan with you? Basic blood and urine starts at \$187 and goes up to \$300-\$400. This can reduce the number of phone calls needed and save you time.

- A) YES
B) YES, UP TO \$_____
C) NO

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.