

# Olathe Animal Hospital



## Feline Wellness Exam

Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone numbers Home: \_\_\_\_\_  
Other (specify): \_\_\_\_\_  
Email address \_\_\_\_\_

Pet's Name \_\_\_\_\_  
Breed: \_\_\_\_\_  
M F  
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:

- Goes outside: Never-indoor only ( ) Occasionally ( ) Always ( )
- Lives with other cats: Yes ( ) No ( )
- Attends cat shows: Yes ( ) No ( )
- Is boarded: Yes ( ) No ( )
- Has access to the food dish, water bowl, and/or litter box of other cats: Yes ( ) No ( )
- Comes into contact with other cats-other than house mates: Yes ( ) No ( )
- I will get an additional cat someday: Maybe ( ) Never ( )
- 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: ( ) Decreased ( ) Normal ( ) Increased  
Current Brand of Diet: \_\_\_\_\_  
Weight: ( ) Loss ( ) Gain ( ) Stable  
Water consumption? ( ) Decreased ( ) Normal ( ) Increased  
Bowel movements? ( ) Constipated ( ) Normal ( ) Diarrhea (How long? \_\_\_\_\_)  
Urination? ( ) Decreased ( ) Normal ( ) 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? \_\_\_\_\_

Opt Out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!