



Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

As cats move into different phases of life they experience changes that are very similar to aging humans. Diseases and conditions that are commonly known to affect older people also affect our feline companions: kidney, heart and liver disease, tumors, cancer, diabetes, depression, glaucoma, hyper/ hypo tension, arthritis, neuroses and loss of sensory perception. Wellness Testing and preventative health care will allow us to establish baseline values and identify existing health problems that can go unnoticed in their early stages.

By answering the following questions about your feline family member and allowing us to do annual wellness blood/urine screening and other diagnostics, you can assist us in detecting the onset of diseases and conditions early.

In light of recent clinical evidence, The Center for Disease Control, Companion Animal Parasite Council, and American Association of Feline Practitioners recommend every cat should be protected with year round, broad spectrum parasite prevention beyond just flea control. Cats are exposed to a number of potentially dangerous parasites that can be transmitted to people.

**Risk Factors (Help us to evaluate your cat's risks for many diseases by answering yes or no)**

 My cat travels outside of the apartment and/or has contact with other pets Yes / No

 My cat is on monthly heartworm preventive Yes / No

\*Brand / Type: \_\_\_\_\_ Last Given: \_\_\_\_\_

 My cat is on a monthly flea / tick preventive Yes / No

\*Brand / Type: \_\_\_\_\_ Last Given: \_\_\_\_\_

**SIGNS --Have you noticed?**


Change in water consumption	Yes	No
Change in Appetite	Yes	No
Lethargic or depressed (listless)	Yes	No
Change in quantity or color of urine or feces	Yes	No
Change in attitude (irritability)	Yes	No
Weight gain or loss	Yes	No
Bad breath or drooling	Yes	No
Lumps and bumps on the skin	Yes	No
Lapse in grooming habits	Yes	No
Increased stiffness, trouble jumping, or walking	Yes	No
Excessive shedding or hair loss	Yes	No
Is your cat on medication and/or supplements?	Yes	No

If Yes, Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Regular Diet (Brand of Food): \_\_\_\_\_ Quantity: \_\_\_\_\_

<b>Cat Years</b>	1	2	5	7	12	15	18	21
<b>Human Years</b>	7	13	33	45	64	76	88	100