## **Your Cat's Annual Examination Report**

Please complete the information below so we can keep our records up-to-date.

Your name	Date	Cat's name	Age	Weightlbs
		visit, please provide new informati		
Street Address, City, State, Zip				
		Cell phone		
Do you have pet insurance?	Yes O'No If yes	s, please list name of provider		
Please complete the follow	wing information abo	out your cat's health.		
1. Do you use a heartworm	preventive? O Yes C	No If yes, list name	Date last admi	inistered
2. Do you use a flea/tick pr	reventive? O Yes O 1	No		
- Have you seen fleas or ti	cks on your cat? O Yes	s O No		
3. Do you have other cats o	or dogs? O Yes O N	o If yes, how many? Numb	er of other cats Numb	per of dogs
Are all cats and dogs cur	rrently vaccinated and on	heartworm and flea preventives?	O Yes O No	
F185		explain (type of animal, how man		
4. What best describes the	amount of time your cat s	pends outdoors?		
O Daily under supervisi	on 0 50:50 Indoor/a	outdoor O Outdoor cat C	Indoors only	
5. Check if your cat does a	ny of the following:			
O Board O Groom	O Comes in contact	t with neighborhood cats OT	ravels with you	
		How m		
7. Do you provide any dent	tal care for your cat?	Yes O No If yes, please ex	plain	414
		nt? O Yes O No If yes, pleas		
n. (1890)		r cat? O Yes O No If yes, p		
The state of the s		O Coughing or labored breathin	7-201 Water	
		Diarrhea O Constipation		
		could change? O Yes O No		
*				
ii yes, piedse expidiii				

Thank you! Please return this form to the front desk.