



**Feline Preventative Care Check List**  
*For a happy, healthy pet*

*Please fill out this pet health checklist. With your help we can discover problems early while they can be handled more effectively, with a focus on prevention. Together we can help keep your pet's life happy and healthy.*

Owner's Name(s): \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NUTRITION**

What cat food do you give your pet? \_\_\_\_\_

Any medications, supplements, vitamins or other items? \_\_\_\_\_

**PARASITES**

What do you use for parasite/flea prevention? \_\_\_\_\_ Number of doses over the last 12 months \_\_\_\_\_

Does your cat have a Microchip? Y / N

**MEDICAL**

	YES	NO
Does your cat vomit more than 1 time per week?		
Does your cat have diarrhea more than 1 time per week?		
Is your cat coughing or sneezing?		
Has your cat's activity level changed?		
Does your cat scratch, lick, or chew?		
Has your cat's appetite changed in the last year?		
Has your cat's weight changed in the last year?		
Does your cat drink more than usual?		
Does your cat urinate more than usual?		
Does your cat urinate or defecate outside of the litter box?		
Does your cat have difficulty jumping to a counter/bed or have difficulty rising from a resting position?		
Does your cat's breath have a bad odor?		
Does your cat have any behavior problems?		
Do you brush your pet's teeth or give dental chews/food?		
Has your cat ever had a vaccine reaction?		

**LIFESTYLE**

Are there other animals in house? Y / N Number of Dogs \_\_\_\_\_ Number of Cats \_\_\_\_\_

Other \_\_\_\_\_

Time spent outdoors? (circle one): 0-10%                      10-20%                      20-50%                      >50%

Unsupervised? Y / N

	YES	NO
Have you boarded your pet for the day or overnight?		
Does your pet travel to any other geographic areas?		
Has your pet ever had a dental cleaning or procedure?		

Any other concerns you may have about your pet?

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