



FELINE ANNUAL HEALTH REVIEW

Date _____

Pet's Name _____

Woodsdale Animal Hospital's goal is to provide you with all the up to date pet health information available to allow you to make an informed decision about your pet's health care.



My cat...



1. Spends most of his/her time...

INDOORS

OUTDOORS

IN and OUT

2. Comes in contact with other pets....
(while boarded at a kennel, bathed, professionally groomed)



YES



NO



3. What do you feed your cat? _____

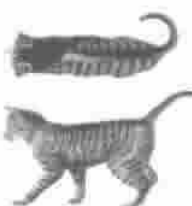
If table food, list examples: _____



4. Which best describes your cat's weight?



TOO THIN



NORMAL WEIGHT



GAINED A FEW POUNDS



NEEDS TO LOSE WEIGHT

5. Which best describes your cat's water consumption?



SAME AS LAST YEAR



MORE THAN LAST





6. Please check any of the conditions that pertain to your pet:

- Itching/Chewing
- Difficulty rising or rear leg weakness
- Crying
- Hair Loss
- Increased stiffness or limping
- Heavy Breathing
- Fleas/Ticks
- Frequent Urination
- Eye Discharge
- Skin Growths
- Change in appetite
- Vision Problems
- Change in weight
- Increased thirst
- Vomiting
- Loose stools
- Leaking or dribbling urine
- Coughing
- Sneezing
- Change in behavior



7. Which best describes your cat's breath?

Please circle your choice.

Not bad for a
cat's breath

Unpleasant

Really bad
(needs mouthwash)



8. Is your cat receiveing any medicines other than the ones dispensed here ?

YES NO If yes, please list: _____



9. Is your cat currently on any Flea and/or Heartworm preventive?



YES

NO

If yes, please circle which type.



Heartgard



Frontline



Advantage



Revolution

Do you need a refill?

YES

NO



10. Please note any questions or topics you would like to discuss:
