

Pre- Examination History Checklist

Owner's Name _____

Date _____

Cat's Name _____

Age _____

	No	Mild	Moderate	Severe	Started When?
1) Weight Gain _____ Weight Loss _____					
2) Appetite: Decreased _____ Increased _____					
3) Won't eat normal diet anymore but acts hungry					
4) Vomiting _____ Diarrhea _____					
5) Constipation / Straining to defecate					
6) Increased water consumption					
7) Increased urination					
8) Lumps / Masses on the skin					
Describe:					
9) Skin Lesions, Hair loss, Scabs					
10) Bad breath / Difficulty chewing					
11) Decreased awareness - gets confused or disoriented					
12) Urinating outside of the box / Defecating outside of the box					
13) Behavioral changes - sleeping in different places, hiding under the bed, etc.					
14) Increased affection or more clingy than normal					
15) Chewing, licking, eating non-food items					
Describe:					
16) Increased irritability or aggression w/ people or animals					
17) Increased fear or anxiety					
18) Decreased tolerance to being held					
19) Overgrooming / Decreased grooming					
20) Muscle tremors / shaking					
21) Coughing / Sneezing					
22) Excessive vocalizing: Night _____ Day _____					
23) Decreased activity, sleeping more than normal					
24) Waking owners at night					
25) Has difficulty jumping up or down off furniture					
26) Bunny hops when going down stairs					

Other problems or concerns:

Diet: _____

Does your cat go outside at all? _____