



Wellness Visit Form

Your Name:* _____

Cat's Name:* _____

What are your goals for this visit?* _____

Changes in Health & Behavior

General Health

- | | |
|-------------------------------------|-----------------------------------|
| Change in thirst? | Increased No change Decreased |
| Change in weight? | Increased No change Decreased |
| Change in appetite? | Increased No change Decreased |
| Change in activity level? | Increased No change Decreased |
| Change in urination? | Increased No change Decreased |
| Difficulty urinating? | Yes No Not sure |
| Difficulty having a bowel movement? | Yes No Not sure |
| Diarrhea? | Yes No Not sure |
| Vomiting (including hairballs)? | Yes No Not sure |

Mouth & Gums

Change in the odor of the breath? Yes | No | Not sure

Change in the appearance of the teeth? Yes | No | Not sure

Respiratory

Coughing or change in breathing? Yes | No | Not sure

Congestion or discharge from nose/eyes? Yes | No | Not sure

Eyes & Ears

Changes that may suggest poorer eyesight? Yes | No | Not sure

Changes that may suggest poorer hearing? Yes | No | Not sure

Muscles & Joints

Lameness or stiffness? Yes | No | Not sure

Difficulty getting in/out of the litter box? Yes | No | Not sure

Difficulty jumping? Yes | No | Not sure

Difficulty going up or down stairs? Yes | No | Not sure

Skin & Fur

Lumps or bumps you have noticed on the skin? Yes | No | Not sure

Change in your cat's coat? Yes | No | Not sure

Change in your cat's grooming behavior? Yes | No | Not sure

Behavioral

Hiding or withdrawal? Yes | No | Not sure

Clinging/seeking more attention? Yes | No | Not sure

Sleeping more? Yes | No | Not sure

Urinating or defecating outside of litter box? Yes | No | Not sure

Confusion or disorientation? Yes | No | Not sure

Anxiety, fear, phobias or aggression? Yes | No | Not sure

Please add details for any abnormalities noted above/on the previous page.

Refills?

Will you need refills of any prescriptions at the time of your visit? Yes | No

If so, please list the medication name, dose, and frequency given, along with how you would like it to be filled (at Atrium Cat Hospital, MyVetStoreOnline, Brava, paper prescription).

Your Signature* _____ Date* ____/____/____

**This information is required.*