



## Portage Park Animal Hospital

5419 West Irving Park Road • Chicago, IL 60641 • 773-725-0260

### Our team is dedicated to providing your pets the best medical care.

Our job, as your pet's health care provider, is to help you to make educated decisions regarding the health of your pet. **In order to better understand your cat's needs, please take a moment to complete the following questions.** Your Veterinarian is looking forward to reviewing this along with you in the exam room.

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How often do you visit the veterinarian with your cat? \_\_\_\_\_

What areas of your home does the cat have access to? (*check all that apply*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Indoors only                   | <input type="checkbox"/> Indoors in cold weather  | <input type="checkbox"/> Indoors at night         |
| <input type="checkbox"/> Indoors with access to outside | <input type="checkbox"/> Open/Screened Windows    | <input type="checkbox"/> Screened porch/Balcony   |
| <input type="checkbox"/> Outdoors only                  | <input type="checkbox"/> Yard Only                | <input type="checkbox"/> Outdoors in warm weather |
| <input type="checkbox"/> Garage or basement             | <input type="checkbox"/> Outdoors with owner only |   |

Are there other pets in the house? If yes, how many and what kind? \_\_\_\_\_

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Do other pets/animals visit your household?  Yes  No

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Are you familiar with heartworm disease and the risk to your cat?  Yes  No

Has your cat ever been tested for heartworms?  Yes  No

Is your cat currently on any heartworm Preventative?  Yes  No

If yes, please indicate which preventative you use \_\_\_\_\_

How many months out of the year is your cat on a Heartworm Preventative? \_\_\_\_\_

Has your cat ever had fleas?  Yes  No

If yes, how was your cat treated? \_\_\_\_\_

Is your cat currently on any flea preventative?  Yes  No

If yes, which product? \_\_\_\_\_

Is your cat on it year-round?  Yes  No

Have you noticed any behavior changes in your cat?  Yes  No

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Where does your cat spend most of it's time? (*check all that apply*)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Bedroom            | <input type="checkbox"/> Kitchen          | <input type="checkbox"/> Living room |
| <input type="checkbox"/> Garage or basement | <input type="checkbox"/> At the window    | <input type="checkbox"/> Outdoors    |
| <input type="checkbox"/> Yard/Porch/Balcony | <input type="checkbox"/> Where people are | <input type="checkbox"/> Other       |

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Is your cat regularly around children?  Yes  No

If yes, indicate what ages:  0-2 yrs.  3-5 yrs.  6-10 yrs.  11-18 yrs.

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What type of food does your cat eat? \_\_\_\_\_

Is your cat on any dietary supplements?  Yes  No

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Do you have pet insurance?  Yes  No