



Feline Vaccination Risk Assessment Form

Owners Name: _____ Pets Name: _____

Breed: _____ Sex: _____ Color: _____

D.O.B / Age: _____ Spayed or Neutered? Yes or No (Circle One)

Help us learn more about your cat by checking all the following that apply:

_____ My cat lives totally indoors and never goes outside of my home, not even on an enclosed porch (except to come to the veterinarian's office).

_____ My cat is indoors only except for when it sits on a screened-in porch or sits in our yard under our direct supervision.

_____ My cat gets outside without direct human supervision and is therefore possibly exposed to other cats in the neighborhood.

_____ My cat has been treated for a cat bite wound in the past.

_____ My cat has tested positive for one of the following diseases (check all that apply):

_____ Feline Leukemia _____ Feline AIDS _____ Heartworm Disease

_____ My cat came from a pet store, humane society, rescue organization or was a stray in the last year.

_____ My cat goes to a groomer or a boards in a kennel at least one time per year.

_____ I occasionally take stray cats into my home.

_____ My cat has had adverse reactions to vaccinations in the past. When?: _____

_____ My cat does have a Microchip. If yes, what is the number: _____

I understand that specific vaccine protocols have been tailored for my cat's current lifestyle and to reduce the risk of adverse events that may be associated with vaccinations. I will notify Woodland Animal Hospital of any adverse reactions to these vaccinations and any changes to my cats' lifestyle.

I understand that vaccinating my cat with the recommended vaccinations does substantially reduce but may not completely eliminate his/her chances of contracting the disease. I have discussed the above protocol and have asked any questions that I am concerned about. All questions have been answered to my satisfaction.

Signature of Client

Date

For future visits: I agree that my pets' lifestyle has not changed from the above list. I agree to continue the protocol as agreed before.

Signature of Client

Date

Signature of Client

Date

Office Use Only: Client ID: _____ VRA: _____

Feline Health Questionnaire

CLIENT INFORMATION

Name: _____
Address: _____

PATIENT INFORMATION

Name: _____
Sex: _____ **Breed:** _____
Age: _____ **ID:** _____

Help us learn more about your cat's health by answering the following questions:

yes or no Is your cat spayed / neutered? If no, why not?

yes or no Has your cat's weight or appetite changed in the last year?

yes or no Does your cat drink or urinate more than usual? (Have you had to clean out the litter box more than usual recently?)

yes or no Does your cat vomit or have diarrhea more than 1 time per week?

yes or no Does your cat throw up hairballs?

yes or no Does your cat urinate or defecate outside of the litter box.

If yes, how often? _____

yes or no Does your cat's breath have a bad odor?

yes or no My cat has had fleas or ticks in the past

yes or no Do you give your cat heartworm prevention?

If yes, what brand do you use? _____

Do you give these products all year long? yes or no

yes or no Do you give your cat monthly flea/tick prevention?

If yes, what brand do you use? _____

What kind (brand and type) of cat food do you feed your cat? _____

Is there anything else you feel we should know?

Thank you for your help in answering these important questions. It is so very important to ask these questions each year during your cat's yearly or semi-annual physical examination so that we can address the changes in your cat's life that might indicate early forms of disease. Oftentimes, these diseases can be easily treated or the symptoms controlled once we diagnose the underlying problem. With your assistance, it is our goal at Woodland Animal Hospital to help your pets have long, healthy and comfortable lives!

(Office Use Only) Client Info Sheets: S/N hyperthyroidism diabetes renal hairball FLUTD Feliway dental
HWP flea diet _____