Client Sticker

# Welcome Back!

We're glad you and _____ are here.

**Is the address, phone number, and email address we have listed above correct?**

☐ Yes ☐ No, change it to _____

_____

Home phone: (  ) _____ - _____

Cell phone: (  ) _____ - _____ Name: _____

Cell phone: (  ) _____ - _____ Name: _____

**What kind of food does your pet eat?**

☐ Dry ☐ Wet

**Brand?** (i.e. Science diet, Royal Canin, Purina, etc.) _____

**Variety/Flavor?** (Kitten/Adult/Mature, Indoor, Seafood/Chicken, etc.) _____

**How often do you feed your pet?** ☐ Once daily ☐ Twice daily ☐ 3 times daily ☐ Free feed

**Amount per feeding?** _____

If you feed by volume, what measuring device do you use? _____

**Do you give your cat any medications or supplements?**

☐ Yes, _____ ☐ No

**How would you describe your cat's weight?** ☐ Underweight ☐ Ideal weight ☐ Overweight

**How active is your cat?** ☐ Very active ☐ Moderately active ☐ Total couch potato

**Does your cat go outside?**

☐ No, strictly indoor ☐ Sometimes ☐ Lives outside ☐ Barn or garage cat

**Do you use flea and tick preventative with your cat?** ☐ Yes ☐ No

If yes, what kind? ☐ Topical ☐ Collar

Do you use it all year round? ☐ Yes ☐ No

**How many litter boxes do you have?** ☐ 1 ☐ 2 ☐ 3+

**Does your cat consistently use his/her litter box?**

☐ Always ☐ Occasional accidents ☐ Frequent accidents

Continued on back

**Does your cat hunt mice or other small rodents?** ☐ Yes ☐ No

**On a scale of 1-5 how fearful or anxious is your cat about coming to his/her vet appointments?**

| 1<br>Not at all | 2<br>Barely | 3<br>Somewhat | 4<br>Very | 5<br>Extremely |
|---|---|---|---|---|

**I have concerns about...** (check all that apply)

☐ Vomiting / hairballs
☐ Diarrhea
☐ Sneezing
☐ Coughing
☐ Discharge from eyes or nose
☐ Anxiety
☐ Destructive scratching
☐ Biting
☐ Urinating/defecting outside the litter box
☐ Poor appetite
☐ Weight loss
☐ Weight gain
☐ Excessive water intake
☐ Change in attitude

☐ Bad Breath
☐ Excessive grooming
☐ Itching
☐ Dirty or stinky ears
☐ Other _____

_____

**We want to know how we can serve you and your pet(s) better. What services would you most likely utilize if offered?**

☐ *Acupuncture
☐ *Cold laser therapy
☐ Basic Grooming
☐ Obesity Management
☐ Online or text message prescription refill requests
☐ Online appointment requests
☐ Payment plans
☐ Referral rewards
☐ Value packages
☐ Weekend/evening hours

* These are treatments used to manage chronic pain