Client Sticker

Welcome!

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: _____

How did you hear about us? ☐ Referral ☐ Google ☐ Social Media
☐ Drive By ☐ Yelp ☐ Other internet search

*If referral, who referred you _____

Cat's name _____

☐ Male ☐ Female **Spayed/neutered?** ☐ Yes ☐ No

Is he/she declawed? ☐ Yes ☐ No If yes, ☐ Front only ☐ All 4 paws

Breed_____ **Color** _____ **Age**_____

What kind of food does your cat 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 cat? ☐ 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

Continued on back

Does your cat go outside?

☐ No, strictly indoor ☐ Sometimes ☐ Lives outdoors ☐ 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

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

Have you ever known your cat to bite? ☐ Yes ☐ No

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

1 Not at all	2 Barely	3 Somewhat	4 Very	5 Extremely

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

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

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