



# BRICK CITY CAT HOSPITAL

702 South Magnolia Avenue, Unit 1

Ocala, Florida 34471

(352) 732-7877

Jennifer Salpeter, DVM

Cat's Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's primary phone number: \_\_\_\_\_

Other Phone Numbers: \_\_\_\_\_

Cat's Age or Date of Birth: \_\_\_\_\_

Is he/she Microchipped? ☐ No ☐ Yes ☐ I do not know

Known Allergies: \_\_\_\_\_

Kitty is: ☐ Indoor ☐ Outdoor ☐ Both

Urine: Normal

Food: Dry \_\_\_\_\_

Abnormal: ☐ Small Amount ☐ Large Amount ☐ Colored

\_\_\_\_\_

Canned \_\_\_\_\_

\_\_\_\_\_

Stools: Normal

Abnormal: ☐ Liquid ☐ Pudding-like ☐ Hard

Allergies/Vaccine Reaction: ☐ No ☐ Yes to \_\_\_\_\_

Medications & Dosage: \_\_\_\_\_

\_\_\_\_\_

Vomiting: ☐ None ☐ Undigested ☐ Digested ☐ Bile ☐ Hairball

Refill needed on any Medications? ☐ No ☐ Yes

\_\_\_\_\_

Eating: ☐ Normal ☐ More ☐ Less \_\_\_\_\_

Drinking: ☐ Normal ☐ More ☐ Less \_\_\_\_\_

Flea Prevention: type \_\_\_\_\_ Last Applied: \_\_\_\_\_

Weight: ☐ Normal ☐ Gain ☐ Loss \_\_\_\_\_

HW Prevention: type \_\_\_\_\_ Last Applied: \_\_\_\_\_

Coughing: ☐ No ☐ Yes \_\_\_\_\_

Refill needed on any Flea or HW Prevention? ☐ No ☐ Yes

Sneezing: ☐ No ☐ Yes \_\_\_\_\_

Any changes in behavior? ☐ No ☐ Yes \_\_\_\_\_

Eye Problem: ☐ No ☐ Yes \_\_\_\_\_

Ear Problem: ☐ No ☐ Yes \_\_\_\_\_

Skin Problem: ☐ No ☐ Yes \_\_\_\_\_

Would you like the nails trimmed? ☐ No ☐ Yes

Activity/Mobility: ☐ Normal ☐ More ☐ Less \_\_\_\_\_

Notes & things to discuss at today's visit:

\_\_\_\_\_

\_\_\_\_\_

Brick City Cat Hospital Technician to complete the following: Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ BP: \_\_\_\_\_