	Complete, Compassionate Care for Cats 1010 College Avenue Wheaton, Illinois 601 Telephone 630.690.4949 Fax 630.690.8323 www.collegestationcat.com	87		
COLLEGE STATION CAT CLINIC				
CAT CLINIC College Station Cat Clinic Gastrointestinal Drop Off History				
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Cat's Name La	st Name Date			
What is your cat's current food: please list:				
Did your cat eat today? Yes / NO				
How is your cat's water consumption?				
□ Normal □ Unsure □ Drinks excessive	ely 🗆 Increased 🛛 Decreased			
How is your cat's urine production?				
□ Normal □ Unsure □ Excessive □	Increased Decreased			
How is your cat's appetite?				
□ Normal □ Unsure □ Excessive □ Increased □ Decreased				
Is your cat missing the litter box with urine? Yes / NO				
Is your cat missing the litter box with stool? Yes / NO				
Have you noticed a change in your cat's attitude or behavior recently? Yes / NO				
Has your cat's energy level changed? Yes / NO				
Is your cat vomiting? Yes / NO				
What is vomited?				
Is there a relationship to eating? Yes / NO How?				
Is your cat having diarrhea? Yes / NO				
Is your cat constipated? Yes / NO				
When was your cat's last bowel movement?				
Did you bring a sample of stool in? Yes / NO				
Is it related to any change or stress? Yes / NO Is there blood in the stool when it is passed? Yes / NO				

Does your cat strain during or after passing stool? Yes / NO Any change in routine, diet, exposure to garbage, plants or pesticide? Yes / NO Any traumas or broken bones is your cat's past? Yes / NO Is your cat eating, drinking, and acting normal otherwise? Yes / NO What current medications and doses is your cat currently taking?

Medication	Instructions	When is next dose due?

Are you concerned about any other health issues regarding your cat? Yes / NO

If yes, please explain.