



Complete, Compassionate Care for Cats
1010 College Avenue Wheaton, Illinois 60187
Telephone 630.690.4949 Fax 630.690.8323
www.collegestationcat.com

College Station Cat Clinic Hyperthyroidism Drop Off History

Cat's Name _____ Last Name _____ Date _____

What is your cat's current food: Please list: _____

Dry Canned

Did your cat eat today? Yes / NO

How is your cat's water consumption?

Normal Unsure Drinks excessively 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

What current medications and doses is your cat currently taking?

Methimazole Yes / NO

Oral tablets: _____ tablet(s) every ____ hours. What strength 5 mg or 10 mg

Transdermal: _____ rotation(s) every ____ hours. What strength 5 mg or 10 mg or 15 mg

Did your cat receive methimazole today? Yes / NO

If yes, what time? ____:____ AM/PM

Do you need a refill of methimazole? Yes / NO

What other current medications and doses is your cat currently taking?

<i>Medication</i>	<i>Instructions</i>	<i>When is next dose due?</i>

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

If yes, please explain.