

## **Pet Record Sheet**

You can help your vet to identify what your pet's problem is and provide effective treatment by providing them with a thorough history.

Before your visit think about some of the questions below, it may help you to complete the form and take this with you to your appointment.

CAT'S NAME:
AGE:
GENDER:
WEIGHT (IF KNOWN):
SYMPTOMS
What symptoms is your cat presenting? Eg, itching, hair loss, bad odour
When did you first notice these?
Does your cat have these problems constantly or are there certain times when they are worse?



HOUSEHOLD
Details of other pets in the household:
Do any of these have any skin problems?
Where does your cat sleep?
GENERAL HEALTH
How much exercise does your cat get?
How much excluse does your cat get:
How much does your cat drink? Is your cat drinking more or less than normal?
DIET
What do you feed your cat?
How often?
new entern.
Do you give your cat any other treats? Please list everything even if you do not give these very often
bo you give your car any other treats: I lease list everything even if you do not give these very often
PREVIOUS HISTORY
Has your cat had any previous or regular treatment? For skin problems / fleas / any other medical problems?
problems:
Is your cat on any medication at the moment? If so what?
13 your out on any medication at the moment: if 30 what:

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TIME TO CHANGE