

Comprehensive Health Assessment & Risk Management Schedule

"C.H.A.R.M.S." for CATS



Patient:	<animal>
Client:	<client>
Chart #:	<number>
Current Date:	<date>

For office use only:

Dr	
s/w	

Where does your cat spend his/her time? What percent?

Indoors _____% Porch/patio _____% Backyard _____%

Other: _____; _____%

Are these areas: screened in? Yes No enclosed with railing or fencing? Yes No

Do other cats (outside your family) come into these areas? Yes No

Does your cat go out of your sight if outdoors? Yes No

Do you travel with your cat? Yes No

When you are out of town does your cat: Board Have a pet sitter Go to a friend's house

Are there other cats in your household? Yes No

If yes, do all the cats get along? Yes No

Please explain any problems with inter-cat interactions:

Does your cat come into contact with other people's pets? Yes No

If yes, in what sort of situations? _____

Is there wildlife in your area? (Including deer, rabbits, squirrels, raccoons, skunks, etc.) Yes No

Are there any rodents, fleas, or crickets in your home? Yes No

Have you ever seen fleas on your cat? Yes No

Have you ever seen ticks on your cat? Yes No

Do you use flea/tick preventative on a monthly basis all year round? Yes No

Do you use heartworm preventative on a monthly basis all year round? Yes No

What products do you use? _____

What types of plants do you have in your house? _____

Are there any individuals in your home with a compromised immune system? (pregnant, sick, etc.)? Yes No

If you have children, do they have access to the litterbox? Yes No

Has it been more than six months since your last veterinary visit? Yes No

Is your pet currently on any medications, supplements, or special diets? Yes No

Has your pet ever suffered any serious illnesses or diseases? Yes No

Explain*: _____

Does your pet have any chronic conditions such as Liver Disease, Immune Diseases (autoimmune, inflammatory/allergies, leukemia/lymphoma), or a terminal illness? Yes No

Is your pet allergic to any medications or vaccines that you know of? Yes No

Which vaccine(s): _____

Has your pet ever experienced any behavior problems? Yes No

Explain*: _____

*If you require extra space for your explanations please continue on the back of this sheet.

The answers to these questions can help your veterinarian develop a wellness plan that is right for your individual pet. Recommendations may include diagnostic screenings, therapeutic or preventative medications/services, and immunizations.