

PURDUE UNIVERSITY

VETERINARY TEACHING HOSPITAL
625 Harrison Street
West Lafayette, IN 47907
(765) 494-1107

Recheck History – Cat Orthopedic Surgery Service

Pet's Name: _____

Owner Name: _____

Date: _____

Patient Label

I. General Health (since your last visit)

Your cat's water consumption is	Normal	Increased	Decreased
Your cat's appetite is	Normal	Increased	Decreased
Your cat is breathing	Normally	With more difficulty	Decreased
Your cat is coughing	No	Yes If yes, how often: _____	
Your cat is sneezing	No	Yes If yes, how often: _____	
Your cat is vomiting	No	Yes	
Your cat is defecating	Normal	Increased (diarrhea)	Decreased (constipated)
Your cat is urinating	Normal	Increased	Decreased
Your cat's diet has changed	No	Yes If yes, what is the current diet? _____	

Has your cat developed a new problem since last visit No Yes If yes, please explain:

Has Your Cat Been Fasted?

No Yes If yes, when was the last meal given? _____

II. Medications your cat has received since last visit

Name of Drug	How much of this drug do/did you give?	How often do/did you give this drug?	Do you think the drug is/was beneficial?		Is your pet still receiving this drug?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

III. Since start of Purdue University's treatment, has your cat's condition

improved

steadily improving

variable (comes and goes)

stayed the same

gotten worse

don't know

IV. Since your last visit, has your cat's condition

improved

steadily improving

variable (comes and goes)

stayed the same

gotten worse

don't know

IV. Is your cat presently lame? Yes No

Which limb is affected? Left forelimb Right forelimb Left hind limb Right hind

limb Have other limbs been affected in the past? Left forelimb Right forelimb
 Left hind limb Right hind limb

How severe is the lameness? Weight-bearing Partial weight-bearing Non-weight bearing

How often is your cat lame? All the time Once in a while Never

Does the lameness worsen with exercise? Yes Sometimes No

Does the lameness improve with exercise? Yes Sometimes No

Is the lameness worse on cold, damp days? Yes Sometimes No

Is the lameness worse after rest? Yes Sometimes No

V. Has your cat been crated or otherwise restricted? No Yes If yes, describe how: _____

VI. Your Cat's Activity and Mobility

	Frequently	Sometimes	Never
My cat sleeps more and/or less active than previously.			
My cat is more reluctant to come and greet me or interact with me.			
My cat is less willing to jump up or down than previously.			
My cat is unable to jump as high as previously.			
My cat plays with other animals or toys less than previously.			
My cat has a poor coat and/or spends less time grooming.			
My cat has more accidents outside the litter box.			
My cat has difficulty getting in or out of the litter box.			
My cat shows signs of being stiff when he/she walks or runs.			
Overall my cat is less agile than previously.			
My cat has difficulty going up and down the stairs.			
My cat shows signs of lameness or limping.			
My cat is lame when walking.			
My cat is lame when running.			

 Presenting Owner Name (**Please Print**)