

I131 Feline Intake Form

General Information

Medical Imaging Service



VETERINARY
MEDICAL CENTER

UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

To complete this form, you can either print the form and write in your answers, or download it to your computer and type your answers in the fillable form fields.

Your cat has been diagnosed with hyperthyroidism, and you have chosen to treat them with I131 radioactive isotope. To make treatment as stress-free as possible for your cat, please fill out this general information form in as much detail as possible. This will give us some guidelines as to what we should be watching for along with having an understanding of your cat's likes and dislikes. If there is not enough space for your answer, please feel

Place Patient Label Here

free to use the back of the sheet, add additional sheets, or add space for a question as needed. During your cat's stay with us, general and medical care will consist of checking in on them twice a day (morning and night). During check-ins, they will be fed, and their litter pans will be cleaned. We stock a variety of foods in our hospital (some are listed for your review and selection later in this form). We use "World's Best Cat Litter". We use metal or paper food bowls and provide your pet with a standard rectangular litter pan. If your cat uses different products, and you do not wish to change them during their stay with us, please feel free to include enough product for the duration of their stay. However, extras will not be allowed to be returned due to the nature of their stay with us. There can be up to 4 cats in the same room, but all will have their own kennel space.

GENERAL CARE INFORMATION

A. Litter Box

1. What kind of litter do you use and how often do you clean the litter box?

2. What type of litter box do you use at home (covered, uncovered, lined, flat, deep box)?

3. How many times in a day does your cat urinate and defecate (please be specific)?

PLEASE CONTINUE TO PAGE TWO

B. Feeding

1. A limited number of wellness (healthy cat) diets are stocked in our hospital kitchen, along with a large number of therapeutic (prescription) diets. Check from the list below if your cat routinely eats any of the wellness diets that we carry.

Feline Wellness Diets

Feed my cat the following
(include amount)

ProPlan	True Nature Chicken and Liver Entree	Canned	
ProPlan	Focus Chicken and Liver Entree Kitten	Canned	
ProPlan	Savor Adult Chicken and Rice	Canned	
ProPlan	Focus Kitten Chicken and Rice	Dry	
ProPlan	Focus Adult Weight Management Chicken and Rice	Dry	
Hills	Science Diet Feline Light	Dry	
ProPlan	Prime Plus	Canned	
ProPlan	Prime Plus	Dry	
Purina	Fancy Feast	Canned	

2. If your cat's diet is not listed above, please write what specific brand and name of foods you provide your cat and how much and how often you feed your cat daily. If your cat eats a special food or if he/she eats a prescription diet, please discuss this at your intake visit to see if we stock this product or if you need to provide your cat's food while he/she stays with us.

a. Specific brand and name: _____

b. Amount (including how often): _____

PLEASE CONTINUE TO PAGE THREE

3. Is your cat fed meals or do they have access to food at all times?

a. If you feed meals, how many meals a day does your cat get and at what times are they fed?

b. Does your cat finish each meal completely at one sitting or do they pick at it over time

4. What type of dishes do you use (glass, ceramic, metal, attached, separate) and where are they located (elevated surface or on the ground)?

5. Does your cat vomit regularly? Yes No

a. If no, please move on to the next question.

b. If yes, how often and what do they vomit?

c. Do you give your cat anything for hairballs?

C. Social/Play

1. Are there other cats in your home? Yes No

a. If no, please move on to the next question.

b. If yes, how many cats; does this cat get along with them?

2. Does your cat like to interact with people that live in the home? Yes No

a. If yes, please move on to the next question.

b. If no, describe what the cat is doing in the house if not interacting with people in the home (avoiding, hiding, etc.) _____

PLEASE CONTINUE TO PAGE FOUR

Social/Play (continued)

3. Will your cat interact with visitors to the home (good or bad interaction)? Yes No

a. If yes, please describe how long it takes for them to interact and what are the interactions?

b. If no, please describe what the cat does while visitors are in the home.

4. Does your cat prefer to interact with men or women (social, play)?

5. Does your cat like to play? Yes No

a. If yes, do they like to play by themselves or with someone?

b. What types of toys do they play with the most?

c. If no, what does your cat do for entertainment/enjoyment?

6. Has your cat ever had catnip? Yes No

a. If no, please move on to the next question.

b. If yes, what was their response?

c. How often to you give them catnip?

MEDICAL/BOARDING INFORMATION

A. Veterinary Care

1. Is it easy to take your cat to the veterinary office? Yes No

2. In as much detail as possible, please describe how your cat behaves at the veterinary office (hides, meows, freezes, hisses, scratches, chirps, plays, explores room, needs sedation).

PLEASE CONTINUE TO PAGE FIVE

Veterinary Care (continued)

3. Has your cat ever had to stay overnight at the veterinary clinic? Yes No
- a. If no, please move on to the next question.
- b. If yes, please describe how the stay went and if staff were able to interact with your cat.
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B. Boarding/Housing

1. Has your cat ever been boarded? Yes No
- a. If no, please move on to the next question.
- b. If yes, please describe how the boarding event went for your cat and how long was the boarding event.
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2. Describe how your cat responds when...
- a. Seeing unfamiliar cats.
-
- b. Smelling unfamiliar cats.
-
- c. Hearing unfamiliar cats.
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3. What type of music ("noise") do you think your cat would enjoy (we like to have sound going in the background to make the I131 area more relaxing)? _____
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4. Is there any other information you wish us to know about your cat that will help us care for them during their stay at the Veterinary Medical Center?
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5. Is there anything they particularly like or dislike we should know about?
-
6. Are there any behaviors (quirks) that we should know about or keep an eye out for during their stay with us?
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Thank you for taking the time to complete this form. If you have downloaded the form to your computer, please remember to save your form once it is completed and email the form to hypercat@umn.edu. Otherwise, please print your form and give it to the veterinary team members working with your pet at your appointment.