



## Evaluation of Leventia for Treatment of Hypothyroid Cats

Owner: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Date of visit to vet: \_\_\_\_\_

Dose of Leventia: \_\_\_\_\_ ml, once \_\_\_ or twice \_\_\_ daily

Dose given: in food \_\_\_ or \_\_\_ directly in cat's mouth

Time between main meal and dosing \_\_\_ minutes \_\_\_ hour(s)

Thyroid testing performed \_\_\_\_\_ hours after morning dose

Any missed doses? No \_\_\_ Yes \_\_\_ How often? \_\_\_

### Cat's Overall Health:

Body weight: \_\_\_\_\_ pounds or \_\_\_\_\_ kilograms

Weight: Wt stable \_\_\_ Wt gain \_\_\_ Wt Loss \_\_\_

Appetite: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Vomiting: No \_\_\_ Yes \_\_\_ How often? \_\_\_

Diarrhea: No \_\_\_ Yes \_\_\_ How often? \_\_\_

Coughing: No \_\_\_ Yes \_\_\_ How often? \_\_\_

Sneezing: No \_\_\_ Yes \_\_\_ How often? \_\_\_

Increased thirst: No \_\_\_ Yes \_\_\_

Increased urinations: No \_\_\_ Yes \_\_\_ How often? \_\_\_

Please return this form to Carol by emailing to [carol@animalendocrine.com](mailto:carol@animalendocrine.com) or by faxing to 914-864-1632.