

CAT HEALTH QUESTIONNAIRE



Cat's Name: _____ Owner: _____ Date: _____

Breed: _____ Color: _____ DOB/Age: _____

Sex: Male Neutered Male Female Spayed Female Microchipped? Yes / No

Personality: Scaredy Cat/Anxious Laid Back Aggressive Sweet

Home Life: Indoor Only Indoor/Outdoor Outdoor Only

Where did you acquire your cat? _____ When? _____

Previous Veterinarian: _____

Current/Prior Medical Conditions: _____

Medications: _____

Foods Fed/Type: Dry: _____ Canned: _____

Treats: _____ How is food fed? Free choice or meals

YES NO

_____ Change in appetite? _____ UP _____ DOWN

_____ Change in activity level? _____ UP _____ DOWN

_____ Weight loss? _____ Weight gain? _____

_____ Mouth problems? Difficulty eating _____ Swollen gums _____ Tarter _____ Bad Breath _____

_____ Coughing? Frequency _____

_____ Sneezing? Frequency _____ Watery _____ Mucous _____ Bloody _____

_____ Vomiting? Frequency _____ Describe _____

_____ Diarrhea? Frequency _____ Describe _____

_____ Constipation? Frequency _____ Describe _____

_____ Change in Drinking? _____ Increase _____ Decrease

_____ Change in Urination? _____ Increase _____ Decrease

_____ Litterbox Problems? _____ Urinates _____ Defecates Outside of Box _____ Frequently _____ Occasionally

_____ Skin Problems? _____ Scratching _____ Wounds _____ Hair Loss _____ Lumps/bumps

_____ Eye Discharge? _____ Frequently _____ Occasionally _____ Watery _____ Mucous _____ Dark

_____ Lameness/Stiffness/Reluctance to jump _____ Constant _____ Periodic

_____ Behavior Change? Please Describe _____

_____ Adverse reaction to _____ Vaccines _____ Anesthesia _____ Medication _____ Other _____

_____ Do you board and/or travel with your cat? Where? _____

_____ Has your cat ever lived outside of Las Vegas? Where? _____

_____ Other pets in the house? Describe _____

Summary of your concerns: _____

OFFICE USE ONLY

Owner's Name:

CAT CARE SUMMARY

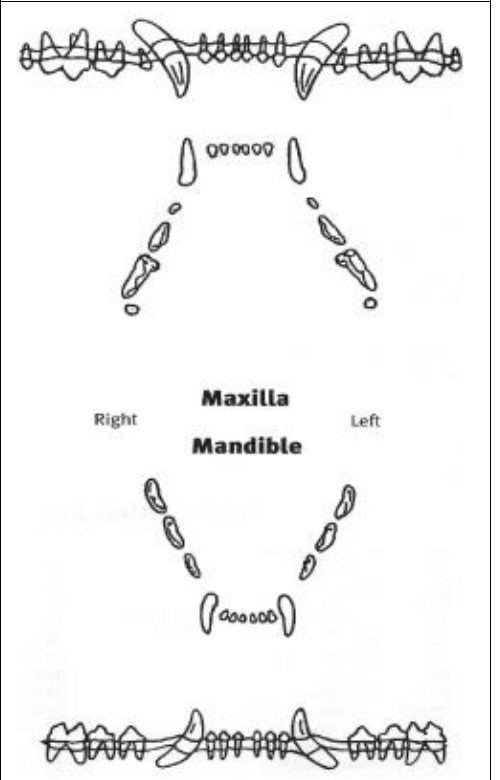
Cat's Name:	Breed:	Sex:	In or Out?
Color:	DOB:	Declawed:	Temperament:

Vaccination Dates

Infectious Disease Tests

FVR-CP							
Rabies							
FeLV							
Microchip #							
Weight							

FeLV				
FIV				
Corona				
Toxo				
Bartonella				

Date:	SIGNIFICANT HISTORY:	FELINE DENTAL RECORD:
		
		TESTS: