

Please take the time to answer the following questions regarding your cat's health.
The veterinarian will review this questionnaire with you in your cat's appointment.

What kind of food do you feed your cat? _____	Wet?	Dry?
How much do you feed your cat? _____		
1. Did you bring in a fecal sample so we can screen for intestinal parasites?.....	YES	NO
2. Does your cat have a microchip?	YES	NO
3. Have you noticed any new lumps or bumps?	YES	NO
4. Is your cat itching, scratching, shaking head or chewing on skin?	YES	NO
5. Is your cat sneezing or coughing?	YES	NO
6. Have you noticed that your cat has bad breath?	YES	NO
7. Is your cat having soft or overly hard bowel movements?	YES	NO
8. Has your cat's urination habits changed?.....	YES	NO
9. Has your cat's appetite changed (increased / decreased)?	YES	NO
10. Has your cat's water intake changed (increased / decreased)?	YES	NO
11. Has your cat's energy level changed, slowing down or sleeping a lot more?.....	YES	NO
12. Does your cat limp, have difficulty rising, jumping or climbing?	YES	NO
13. Has your cat recently gained or lost weight?	YES	NO
14. Have you noticed changes in behavior?	YES	NO
15. Is your cat on any medications, supplements or human products?	YES	NO
16. Do you need any prescriptions refilled today?	YES	NO
17. Have you noticed any change in your cat's vision or hearing?	YES	NO
18. Has your cat ever shown aggression towards people or animals?	YES	NO
19. Is your cat on a monthly flea medication?	YES	NO
20. Does your cat go outside?	YES	NO
21. Do you have any travel plans with your cat in the next 12 months?	YES	NO
22. Do you provide home dental care for your cat?	YES	NO
23. Do you have other pets in your household?	YES	NO
24. Do you frequently have children in your household?	YES	NO
25. Are there any other questions or concerns you would like to discuss today?	YES	NO
26. Do we have your permission to post your cat's photo on our website or Facebook page?.....	YES	NO

Date: _____ Pet's Name: _____ Client's Name _____