



Pet's Name: _____ Date: _____

Our goal is to provide your pet with the best health care possible.
Please give us a better insight into your cat's lifestyle by completing this short questionnaire.

My cat spends most of his/her time:

- Indoors
- Outdoors
- In and Out

My cat comes in contact with other cats...

- Yes
 - While at home
 - While outdoors
 - While boarded at a kennel
 - While bathed/professionally groomed
- No

My cat comes in contact with children:

- Yes
- No

What do you feed your cat?

If you offer table food, list examples.

Which best describes your cat's weight?

- Too thin
- Normal weight
- Gained a few pounds
- Needs to lose weight

Which best describes your cat's breath

(please choose one):

- Not bad for a cat's breath
- Unpleasant
- Really bad (needs mouthwash)

Which best describes your cat's water consumption?

- Same as last year
- More than last year

Which best describes your pet's stool?

- Hard
- Firm
- Loose

Which best describes how often your cat vomits?

- Frequently
- Once in a while
- Hardly ever

Please check any of the conditions that your pet has experienced:

- Itching or chewing
- Fleas or ticks
- Change in weight
- Change in behavior
- Frequent urination
- Increased thirst
- Crying
- Eye discharge
- Vomiting
- Sneezing
- Change in appetite
- Leaking or dribbling urine

Is your cat limping or showing any signs of pain when walking?

- Yes
- No

Is your cat receiving any medications, other than ones dispensed from this hospital?

- Yes (please list) _____

- No

Is your cat currently on any flea and heartworm preventatives?

- Yes (please list) _____

- No

Do you need medication refills?

- Yes (please list) _____

- No

Please note any questions or topics you would like to discuss. _____
