

Feline Health Questionnaire

CLIENT INFORMATION

Name: _____
Address: _____

PATIENT INFORMATION

Name: _____ Species: _____
Sex: _____ Breed: _____
Age: _____ ID: _____

Help us learn more about your cat's health by answering the following questions:

yes or no Is your cat spayed / neutered? If no, why not?

yes or no Has your cat's weight or appetite changed in the last year?

yes or no Does your cat drink or urinate more than usual? (Have you had to clean out the litter box more than usual recently?)

yes or no Does your cat vomit or have diarrhea more than 1 time per week?

yes or no Does your cat throw up hairballs?

yes or no Does your cat urinate or defecate outside of the litter box.

If yes, how often? _____

yes or no Does your cat's breath have a bad odor?

yes or no My cat has had fleas or ticks in the past

yes or no Do you give your cat heartworm prevention?

If yes, what brand do you use? _____

Do you give these products all year long? yes or no

yes or no Do you give your cat monthly flea/tick prevention?

If yes, what brand do you use? _____

What kind (brand and type) of cat food do you feed your cat? _____

Do you have any other concerns about your pet? _____

Thank you for your help in answering these important questions. It is so very important to ask these questions each year during your cat's yearly or semi-annual physical examination so that we can address the changes in your cat's life that might indicate early forms of disease. Oftentimes, these diseases can be easily treated or the symptoms controlled once we diagnose the underlying problem. With your assistance, it is our goal at Fall Creek Place Animal Clinic to help your pets have long, healthy and comfortable lives!