

Cat Questionnaire

Pet Name: _____

Date: _____

Has your pet:

YES NO

1. Been coughing or sneezing?.....
2. Had any vomiting or diarrhea?.....
3. Had any reactions to vaccines in the past?
4. Had any history of seizures?
5. Had any problems with thunderstorms?
6. Been having any litter box problems?.....
If so, what?

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7. Recently been on any medications?.....
(other than Heartworm or Flea/Tick prevention)
Which medications and how much?

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8. Do you need any refills for your pet today?.....
Which medications?

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What type of Heartworm prevention are you using and when was the last dose given?

What type of Flea prevention are you using and when was the last dose given?

What food do you feed your pet? And how often do you feed them?

What concerns would you like the doctor to address today? Would you like any other services today?

Cat Risk Questionnaire

YES NO

1. Does your cat go outside?
2. Do other cats in your household go outside?
3. Do you foster cats or take care of strays?
4. Has this cat or another cat in the household been diagnosed with FeLV/FIV?
5. We are currently able to offer testing for FeLV/FIV & heartworms in 1 test.
 - a.) If your cat goes outdoors, or is exposed to cats who have access to the outdoors, your cat is at risk for FeLV/FIV.
 - b.) All cats are at risk for heartworms regardless if they are indoor or outdoor.Would you like to test your cat for FeLV/FIV or heartworms today?.....
6. Has your cat ever developed a lump at the site of vaccination?
7. Is your cat receiving chemotherapy?

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