Cat Questionnaire

Patient Name:	Date:
Client Name:	
Review of symptoms: Check any symptoms your pet has had within past 2 wee Coughing Sneezing Vomiting D	ks:
☐ Reactions to vaccines in the past ☐ Problems	with thunderstorms \square None of the above
If any of the above are checked, please explain: (i.e. How long has it been going on, how frequent is the	issue, behavior before issue starts, etc.)
☐ Litter box problems? ☐ None If so, what?	
Medication/Food: Recently been on any medications? (other than Heart Medication Name	worm or Flea/Tick prevention) None Dosage/Frequency
Type of Heartworm prevention you are using; when	was the last dose given?
Type of Flea prevention you are using; when was the l	ast dose given?
Name of Food you feed your pet; how much and how of	ten do you feed them?
Refills: Do you need any refills for your pet today? Yes Heartworm Prevention Name: Flea/Tick Prevention Name: Other Name:	

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

Cat Questionnaire

Risk Questionnaire:

1.Will your cat go outside this year?		No
2. Will other cats in your household go outside this year?		No
3. Will you foster cats or take care of strays this year?	Yes	No
4. Has this cat or another cat in the household been diagnosed with Felv/FIV?	Yes	No
5. Has your cat ever developed a lump at the site of vaccination?		No
6. Is your cat receiving chemotherapy?	Yes	No
7. Would you like to do the triple test-and test your cat for Felv/FIV/Heartworms?	Yes	No
Is your cat at risk for Feline Leukemia/Feline FIV? Yes, IF:		
Your cat <i>goes/will go</i> outdoors or escapes - OR -		
Is/will be exposed to cats who have access to the outdoors		
Is Your cat at risk for heartworms? Yes: All cats are at risk for heartworms regardless if they are indoor or outdoor.		

Comments: