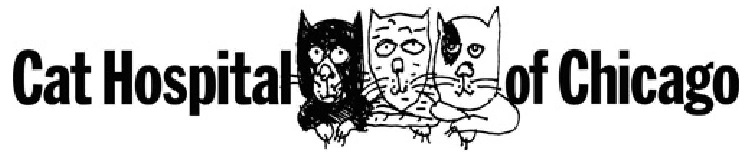
Pre-Exam Patient Questionnaire

You are an important member of your cat's healthcare team. Together, we can provide the best healthcare possible for your cat. This allows us to recognize health problems as early as possible. Our Cat Health History form includes the most recent advances in feline healthcare. Thank you for your participation.



Owner's Name ____________________ Date ____________________

Owner's Email ____________________ Cat's Name ____________________

Reason for Visit/ Primary Concern

Would you like a demonstration on: ☐ Brushing Teeth ☐ Nail Trimming ☐ Administering Medication ☐ No, thank you

Do you prefer normal lab results (healthy cats only) relayed to you by: ☐ Phone ☐ Fax ☐ Email

Please indicate phone/fax number or email: ____________________

FEEDING

1. Whether your cat is an only cat or there are multiple cats in your home, do you **observe your cat while he or she eats,** so you can tell if he or she gets her fair share of the food: ☐ Yes ☐ No ☐ Not Really

2. What do you currently feed your cat? (Please check all that apply): ☐ Canned ☐ Dry ☐ Treats ☐ People Food

3. Does your cat prefer: ☐ Dry food ☐ Canned food ☐ Likes both equally

4. If dry food is fed:

a. Is your cat ☐ Meal fed ☐ Free fed (dry food always available)

b.How much is fed (please complete the best option for your situation)

________ Cups/day ________ Cups/feeding ☐ Other

If you checked 'other' above, if the amount fed is a variable amount, if the amount fed is split between multiple types of dry food, or if the total amount fed is divided between multiple cats, please explain:

c. Is the amount:

☐ Precisely measured and fed once daily?

☐ Precisely measured and split into two or more feedings per day?

☐ Guesstimated once daily?

☐ Guesstimated and split into two or more feedings per day?

☐ Dry food is not measured and is always available for this cat

☐ Other ____________________

d. Brand(s) of dry food (e.g., Science Diet, Purina)

Variety (e.g., Light, Senior, Adult)

Flavor (e.g., Salmon, Chicken, etc)

e. Does your cat eat all the dry food that is offered ☐ Yes ☐ No

5. If canned food is fed:

a. Is your cat ☐ Meal fed ☐ Free fed (canned food always available)

b.How much is fed (canned food comes in 3, 5.5-6 and 14 oz. cans)

________ Ounces/day ________ Cans/day

Other ____________________

c. If you have multiple cats, total ounces are divided among your cats daily

________ ounces ________ number of cats

d. Frequency of feeding: ☐ Once ☐ Twice ☐ More than twice

e. Brand(s) of canned food (e.g., Science Diet, Purina)

Variety (e.g., Light, Senior, Adult)

Flavor (e.g., Salmon, Chicken, etc)

f. Does your cat eat all the canned food that is offered ☐ Yes ☐ No

6. If treats are fed: How many/day ____________________

Brand(s)

7. If people food is fed: what is fed ____________________

How much is fed

8. Have there been any recent diet changes:

9. Have there been any recent changes in your cat's food preferences:

CURRENT MEDICATION

NAME	STRENGTH	DOSE	DOSE FREQUENCY	LAST GIVEN	NEED REFILL
example: methimazole	*5 mg*	*1/2 tab*	*once daily*	*last night*	*yes*

LITTER BOX

1. Litter type: ☐ Clay ☐ Clumping ☐ Scented ☐ Unscented other (please specify): ______
2. Litter Box type(s): ☐ Covered ☐ Uncovered ☐ Top-loading ☐ Automatic ☐ Liner used ☐ No liner used
3. Number of litter boxes: ______
4. Location of litter boxes:
5. How often is litter box scooped: ______
6. How often is litter changed: ______

HOUSEHOLD

1. Does your cat go outside: ☐ Not at all ☐ Sneaks outside ☐ Free Roams ☐ Enclosed porch, balcony or cat enclosure
   ☐ Spends some time outside unsupervised in non-enclosed area, but is primarily indoors ☐ Walks on a leash/harness or is otherwise outside with supervision
2. Pets in household: Number of cats (including this cat): ______ Number of dogs: ______
3. Do other pets in the household go outside: ☐ Yes ☐ No
4. Does anyone in contact with the cat and/or litter box have immunocompromised health, or are there any pregnant, elderly persons, or young children in the household:

BEHAVIOR

Please check if your cat has any of the following (these may be especially important if they are changes from your cat's last visit):

☐ A reaction after getting vaccinated in past years
☐ Increased activity level ☐ Decreased activity level
☐ Increase in appetite ☐ Decrease in appetite
☐ Increased water consumption ☐ Decreased water consumption
☐ Weight gain ☐ Weight loss
☐ Bad breath ☐ Difficulty chewing
☐ Constipation ☐ Diarrhea
☐ Straining or frequent trips to the litter box
☐ Vomiting food ☐ Vomiting hairballs ☐ Vomiting liquid

Vomiting frequency: ______

Has the frequency of the vomiting changed: ______

Has the nature/type/content of vomiting changed? ______

☐ Trouble walking ☐ Less inclined to walk
☐ Lack of coordination ☐ Wobbly gait
☐ Weakness ☐ Decreased jumping ability
☐ Shaking ☐ Tremors
☐ Difficulty getting up ☐ Difficulty sitting down
☐ Does not seek attention/petting/combing as they previously did
☐ Moves as though stiff

Does this stiffness resolve with movement: ______

☐ Coughing ☐ Sneezing ☐ Trouble breathing

Is this new: ______

☐ Change in sleeping habits

Describe change: ______

☐ Change in attitude or interaction

Describe change: ______

☐ Change in how the cat jumps/climbs

Describe change: ______

☐ Resents being handled

Is this new: ______

☐ Elimination outside of the litter box

How long has this been going on: ______

☐ Change in frequency of urination? ☐ Change in frequency of bowel movements?
☐ Straining to urinate? ☐ Change in amount of urine or stool?

Describe change: ______

☐ Scratching ☐ Licking

Other changes in grooming: ______

☐ Hair loss ☐ Hair Clumps ☐ Lumps ☐ Sores

Is this new: ______

Other:

Are there behaviors you would like help working with? Please specify: