



# Feline Health Questionnaire

## CLIENT INFORMATION

Name: <first-name> <last-name> (<number>)

Address: <address>

City, State, Zip: <city>, <st> <zip>

## PATIENT INFORMATION

Name: <animal>

Birth Date/Age: <age-name> Sex: <sex-name>

Breed: <breed>

ID: <id>

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

yes or no Any changes in your cat's drinking or urination? (Are you cleaning out the litter box more than usual?)

If yes, what changes have you noticed? \_\_\_\_\_

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

If yes, what changes have you noticed? \_\_\_\_\_

yes or no Have you noticed any new lumps or bumps on your cat?

If yes, where? Have they grown quickly? \_\_\_\_\_

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

yes or no Does your cat's breath stink?

yes or no Do you have any questions about at-home dental care?

Does your cat have any of the following arthritis signs? (Check all that apply):

difficulty going up/down stairs  slow to get up after laying down

slipping on non-carpeted areas difficulty jumping up or down

obvious limping/lameness paws have been surgically declawed

yes or no If you have noticed any of these signs, are you interested in learning more about services or products that could help?

yes or no Do you have any concerns about fleas or ticks?

yes or no Have you noticed your cat coughing, sneezing, or open-mouth breathing?

If yes, please explain: \_\_\_\_\_

yes or no Does your cat have any history of allergies? (examples: vaccines, food, medications, seasonal, etc.)

If yes, please explain: \_\_\_\_\_

yes or no Do you have concerns about your cat's behavior?

If yes, please explain: \_\_\_\_\_

yes or no Do you have any major changes upcoming that could affect your cat?

If yes, please explain: \_\_\_\_\_

yes or no Are you interested in a microchip for your cat today?

yes or no Do you have any other concerns about your cat today? \_\_\_\_\_

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*Thank you for your help in answering these 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 City Way Animal Clinics to help your pets have long, healthy, and comfortable lives!*