

Patient Questionnaire for Exam and Consult

Please answer the following questions to the best of your ability to give the veterinarian a full, accurate history on your cat's illness or injury. When appropriate, please CHECK ALL THAT APPLY.

Cat's Name: _____ Owner: _____ Date: _____

PHONE #'s TO CONTACT YOU TODAY _____

YOUR QUESTIONS, CONCERNS, and SPECIFIC REASONS FOR YOUR VISIT TODAY: _____

How long have you had this cat? _____

Lifestyle: () Indoor ONLY () Outdoors with Supervision () In and Out Freely

Any recent change in APPETITE? () YES –explain below () No change

() Increased Appetite () Decreased Appetite

Please explain

What is the usual diet? Brand of DRY food _____
Brand of CANNED food _____

How much/How often: _____

Any recent CHANGE in the diet or foods offered? ___ Y/N ___

Please explain _____

Any recent change in WATER CONSUMPTION?

() YES-explain below () No change

() Drinks excessively –when did you first notice? _____

() More than usual () Less than usual _____

Activity Level: () Normal () Less Active () Hyperactive () Lethargic () Hiding

Other; please explain: _____

Litter Box: ___ # litter boxes ___ # of cats in household

Litter Type: () scoopable () non-scoopable

PLEASE COMPLETE OTHER SIDE OF PAGE

Any chewing, licking, scratching, or excessive grooming? Y/N

Where on his/her body? _____

Please describe any skin problems or lesions: _____

Noticed any fleas or ticks? Y/N

When is the last time you can remember your cat was COMPLETELY normal?

Please tell us about any and all medications and supplements your cat is taking, including what dose (how much), how often, and how long he or she has been taking each medicine:

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Coughing? Y/N how often? _____ Starting when? _____

Sneezing? Y/N how often? _____ Starting when? _____

Nasal Discharge? _____

Hairballs? Y/N how often? _____

Vomiting? Y/N how often? _____

What is vomited? _____

When did it start? _____

Diarrhea? Y/N When did it start? _____

How many times per day? _____ Straining to go? _____

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Any possible ingestion/chewing on HOUSEPLANTS? Y/N

OUTDOOR PLANTS? Y/N

What kind of plants? _____

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Any possible ingestion/ chewing on toys/ strings/ ball of yarn/ other "foreign" objects? Please describe _____
