

CLIENT QUESTIONNAIRE FOR CATS

PET NAME: _____

HABITAT: Indoor Only ____ Outdoor Only ____ In/Out Freely ____
Contact with outdoor cats through screens, etc. Yes ____ No ____

DIET: Free Feeds: _____ Or Specific Timely Meals: _____
Type of Food: Dry ____ Canned ____ Table Food ____ Treats ____

Any excessive thirst or frequent urination? Yes ____ No ____

ACTIVITY: Any recent changes in activity level ? Yes ____ No ____

BEHAVIOR: Any notable behavior changes ? Yes ____ No ____

If yes, please explain: _____

Vomiting? Yes ____ No ____ How often and what is vomited (Food or liquid)? _____

Does the vomit contain any hair? Yes ____ No ____

Diarrhea? Yes ____ No ____ If so, how often and what is the consistency?

Straining to Defecate? Yes ____ No ____ **Straining to Urinate?** Yes ____ No ____

Coughing/Sneezing? Yes ____ No ____ **Nasal Discharge?** Yes ____ No ____

Fleas or Ticks Noted Recently? Yes ____ No ____ Are you currently using flea control on your cat or any pet in your household? Yes ____ No ____
If so, what kind? _____

Bloodwork: Has your pet had any blood work done? Yes ____ No ____

Please list any particular concerns about your cat: _____

Print Owner Name: _____ **Date:** _____

Daytime Phone Number(s): _____

Owner Signature: _____