

Sick Cat Questionnaire

Client Name: _____

Pet Name: _____

Date: _____

1. What are your cat's symptoms? _____

2. Current diet consists of: _____

a. How much? _____ How often? _____

b. Does your cat get table scraps? Yes No _____ % of total diet.

c. Any recent changes in your cat's diet? Yes No

i. When? _____ What? _____

3. Are there any other pets in your household? Yes No

a. If yes, what kinds and how many? _____

b. Are they healthy? Yes No

i. If no, please explain: _____

4. Please circle the correct one: Is your cat

Totally indoor? Totally outdoor? In and Out?

a. Has your cat ever run free in the past? Yes No

i. If yes, please explain: _____

b. Has your cat been kept indoors, totally away from other pets since kitten hood?

Yes No

i. If no, please explain: _____

- c. Have any other neighborhood pets that are in any way associated with your cat recently been ill or died unexplainably? Yes No Unsure
5. How long have you owned this cat? _____
- a. How old was the cat when you adopted it? _____
- b. What was the cat's history before you adopted it? _____

- c. From where did you adopt the cat? _____
- d. Has the mother cat, any of the littermates or any other cats in the house been sick or died unexplainably? Yes No
- i. If yes, please explain any details: _____

6. List dates and places your cat has traveled: _____

7. Have you recently moved with your pet? Yes No
- a. Gained an additional pet? Yes No
- b. Gained an additional housemate? Yes No
- c. Changed/replaced your furniture? Yes No
- d. Had any temporary visitors, human or animal, in your home recently?
 Yes No
8. Has your cat previously been treated for any illnesses? Yes No
- a. If yes, please explain: _____

9. Does your cat engage in cat fights? Yes No
- a. Any bite wounds, even minor, in the last few years? Yes No
- i. If yes, when? _____

10. Is your cat spayed or neutered? Yes No
- If yes, at what age? _____
 - If female and **not** spayed, when was the last heat cycle? _____
 - If female and **not** spayed, any vaginal discharge? Yes No
11. Is your cat currently taking any medication? Yes No
- If yes, what types? _____

 - For what conditions? _____

12. What are the most current vaccination dates for:
- Distemper/Rhino/Calici: _____
 - Feline Leukemia: _____
 - Rabies: _____
 - Other: _____
13. List the date and result of any Feline Leukemia and/or FIV tests: _____

14. Has your cat ever had an unusual reaction to medication, treatment or anesthesia?
Yes No
- If yes, please explain: _____

15. Your pet's appetite is: Normal Increased Decreased
- If abnormal, for how long? _____
 - Do other pets in the household eat out of the same dish? Yes No
 - Does your cat ever raid the trash? Yes No
 - Does your cat ever play with string or cloth material? Yes No
 - Is your cat a plant eater? Yes No
 - Names of the plants he/she eats: _____

16. Your pet's drinking habits are: Normal Increased Decreased
- If abnormal, how long? _____

- b. Does your pet ever drink out of the toilet bowl? Yes No
 i. Do you treat the toilet water with any chemicals? Yes No
 (1) If yes, what? _____
17. Is your cat vomiting? Yes No
 a. If yes, how often? _____
 b. What is the approximate date this started? _____
 c. What is the nature of the vomit? Please circle one:
 Digested Food Undigested Food Clear Mucous
 Bile Stained (yellow or green) Blood Tinged Fur Ball
 d. How soon after eating does the vomiting occur? _____

 e. Is the cat vomiting after having diarrhea or attempting to defecate? Yes No
18. Your cat's weight has: Stayed the Same Recent Gain Recent Loss
 a. If there was a change, estimate how much in pounds: _____
19. Is your pet constipated? Yes No
 a. If yes, for how long and has your pet ever had this problem before? _____

20. Is your pet having diarrhea? Yes No
 a. If yes, for how long? _____
 b. Description of feces: please circle the correct answer in each category:
 i. Consistency: Formed Semi Formed Watery
 ii. Quantity: Normal Large Small
 iii. Color: Creamy Brown Green Orange Clay Colored
 Black Blood Tinged (red)
 iv. Mucous: Present Absent
 v. Frequency: Once a Day 2-3Times a Day More Than 3 Times
 c. Is your pet straining to have a bowel movement? Yes No
21. How is your cat's breathing? Please circle the correct answers:
 a. Any discharge from the eyes? Yes No
 i. If yes, which eye? Left Right Both
 ii. If yes, what color is the discharge? _____

- b. Any discharge from the nose? Yes No
 i. If yes, which nostril? Left Right Both
 ii. If yes, what color is the discharge? _____
- c. Any cough noted? Yes No
 i. If yes, for how long? _____
 ii. If yes, how often does the pet cough? _____
- d. Have you noticed any labored or painful breathing? Yes No
 i. If yes, for how long? _____
 ii. If yes, does this happen after exercise or excitement? Yes No
 (1) If yes, is this every time? _____
22. Has there been any change in your cat's posture? Example: The cat keeps upper body propped up and won't lay on side even at rest or when sleeping. Yes No
 a. If yes, when did you first notice this? _____
23. Your pet's urination habits are: Normal Unsure Abnormal
 If abnormal, for how long? _____
- | | | | |
|--|-----|----|------------|
| a. Is there any difficulty or pain when urinating? | Yes | No | Don't Know |
| b. Is there an increased frequency? | Yes | No | Don't Know |
| c. Is there slow and/or painful discharge? | Yes | No | Don't Know |
| d. Is there any change in the color? | Yes | No | Don't Know |
- If yes, please explain: _____

- | | | | |
|--|-----|----|------------|
| e. Any crystals (sandy particles) seen in the urine? | Yes | No | Don't Know |
| f. Is the urine sticky? | Yes | No | Don't Know |
24. Is your pet scratching his/her skin? Yes No
 a. If yes, has your pet had previous problems with this? Yes No
 i. If yes, please explain: _____

25. Is your pet having, or has your pet ever had, any seizures or convulsions?
 Yes No
 a. If yes, give the duration and frequency: _____

26. Have you noticed any abnormal swellings on your cat? Yes No

a. If yes, please explain: _____

27. Do you place roach baits, flea extermination products, rodent baits, etc out in your home? Yes No

a. If yes, please explain: _____
