FELINE – CAT Medical Questionnaire

The Human's Information

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Txt Msg ☐ Alt. Phone: _____ Txt Msg ☐
Email: _____
How did you hear about us? _____

The Cat's Information

Name: _____
Age - Years: _____ Months: _____ ☐ Boy or ☐ Girl ☐ Fixed
Breed: _____ Color: _____

Lifestyle

How much time does your cat spend outside? _____ Hours
Does your cat go to the groomer, or boarding facilities? ☐ No ☐ Yes
How many animals do you have in your household? _____ Dogs _____ Cats
_____ Other - Explain _____
Are there any animals in the household that spend the majority of time outdoors? ☐ No ☐ Yes

Medical History

Has your cat ever had any of the following?

Vomiting or Diarrhea? ☐ No ☐ Yes
Coughing or Sneezing? ☐ No ☐ Yes
Discharge from eye(s) or nose? ☐ No ☐ Yes
History of fleas or ticks? ☐ No ☐ Yes
History of seizures, muscle tremors, loss of coordination, or shaking ☐ No ☐ Yes
Reactions to anesthesia, vaccines or other medications? ☐ No ☐ Yes
Is your cat on any medication currently? ☐ No ☐ Yes

Does your cat have any allergies (i.e. foods, drugs)? ☐ No ☐ Yes

When was your cat last vaccinated
Feline Respiratory Combo (FVRCP/3-in-1)? _____
Rabies? _____
Feline Leukemia virus? _____

Is your cat…
on Flea and Tick preventative? ☐ No ☐ Yes
on Heartworm preventative? ☐ No ☐ Yes
Microchipped ☐ No ☐ Yes

SURGERY Specific

Has your cat had any previous surgeries? ☐ No ☐ Yes

For Female Cats only

Has your cat had a recent heat? ☐ No ☐ Yes
Has your cat had kittens? ☐ No ☐ Yes

Services needed

☐ Vaccines $20 ☐ FVRCP ☐ Rabies ☐ FeLV
☐ Microchip $35 ☐ Deworming $15 ☐ Blood work $55 ☐ IV Catheter and Fluids $30
☐ Nail Trim $5-$10 ☐ Ear Mite Treatment $35 ☐ FeLV/FIV Testing $35 ☐ Or Subcutaneous fluids $15
For support of blood pressure and hydration

PLEASE BRING ANY MEDICAL RECORDS YOU HAVE SO WE MAY HAVE A COMPLETE PICTURE OF YOUR CAT'S HEALTH

FOR OFFICE USE:

Date:	Input ☐ Exam ☐	Wt	Temp	Pulse	Resp.	DKT:	ml	Inv ☐ AL ☐ V ☐