

PROGRESS CHECK QUESTIONNAIRE

This short form aids us in assessing the progress of your cat's health.



Date: _____

Client: _____ Patient: _____

1. How would you describe your cat's overall health? (Poor, good, etc.) _____
2. Do you think your cat is comfortable? Yes No Unsure
3. Has your cat's health changed since your last visit? Better Worse None Unsure
4. Has your cat's energy level changed since your last visit? Increase Decrease None Unsure
5. Do you feel there has been a change in your cat's weight? Increase Decrease None Unsure
6. Has your cat's appetite changed? Increase Decrease None Unsure
7. Has there been any vomiting? Yes No Unsure
If yes, frequency and description: _____
8. Has there been any diarrhea, hard stool, no stool, constipation, or straining to defecate? Yes No Unsure

9. Has there been a change in water consumption? Increase Decrease None Unsure
10. Have there been any accidents outside of the litter box? Yes No Unsure
If yes, frequency and description: _____
11. Is your cat: Indoor Outdoor Both
12. Brand of food: _____ Wet Dry Both Unsure
13. Current medications:

Medication Name	Dosage Amount <i>(1 capsule, 2ml liquid, etc.)</i>	Dosage Frequency	Last Given

14. Are there any other concerns you would like to address at this time?
 - Cost of treatment? Yes No
 - Long-term care requirements? Yes No
 - Pain management? Yes No
 - Other? _____
15. Are you interested in alternative therapies? Yes No Unsure
16. Do you need any medication refills today? Yes No
If yes, what do you need? _____