

# 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 for...  
 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 >  FVRCP \$25  Rabies \$20  FeLV \$30  
 Microchip \$35  Deworming \$15  Blood work \$65  IV Catheter and Fluids \$30  
 Nail Trim \$10  Ear Mite Treatment \$35  FeLV/FIV Testing \$45  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 <input type="checkbox"/> Exam <input type="checkbox"/>	Wt	Temp	Pulse	Resp.	DKT:		ml	Inv <input type="checkbox"/> AL <input type="checkbox"/> V <input type="checkbox"/>
-------	---	----	------	-------	-------	------	--	----	---