FELINE – CAT MEDICAL QUESTIONNAIRE

OWNER'S Last Name: _____ First Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Email Address: _____

Phone: _____ ☐ Text; Alt. Phone: _____ ☐ Text

Cat's Information

Name: _____ ☐ Boy or ☐ Girl ☐ Fixed

Breed: _____ Color: _____

Age in Years: _____ and Months: _____ or DOB: _____

How much time does your dog spend outside? Hours: _____

Does your dog go to the groomer, or boarding facilities, or dog parks? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Has the cat ever had any of the following?

Vomiting or Diarrhea? ☐ Yes ☐ No

Coughing/Sneezing? ☐ Yes ☐ No

Discharge from eye(s) or nose? ☐ Yes ☐ No

History of fleas or ticks? ☐ Yes ☐ No

Seizures/muscle tremors/shaking ☐ Yes ☐ No

Reactions to anesthesia, vaccines or other medications? ☐ Yes ☐ No

Is the cat on any medication currently? ☐ Yes ☐ No

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

Any allergies (i.e. foods, drugs)? ☐ Yes ☐ No

When was the cat last vaccinated for…

◍ FVRCP/3-in-1? _____

◍ Rabies? _____

◍ Feline Leukemia virus? _____

◍ Other Vaccines? _____

Female Cats only

Has the cat had a recent heat? ☐ Yes ☐ No

Has the cat had kittens? ☐ Yes ☐ No

OTHER SERVICES & PRODUCTS

FVRCP - 25 ☐ FELV - 30 ☐ Rabies - 20 ☐

Pre-surgery blood testing - 75 ☐ FELV/FIV Test - 45 ☐

ISO Microchip - 40 ☐ Deciduous/"Baby-Teeth" - 20 ☐ Ear Mite Teatment - 35 ☐

Nail Trim - 15 ☐ Subcutaneous fluid therapy - 20 ☐ Tape Worms - 35 ☐

Anal Gland Expression - 20 ☐ Intravenous (IV) Fluid Therapy - 40 ☐ Rounds and Hookworms - 20 ☐

E-Collar - 15 ☐

FOR OFFICE USE:

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