



Feline Annual Examination Questionnaire

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____ (work) _____

E-mail _____

Emerg. Contact (other than immediate family): _____ ph: _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ Neutered Spayed Age or Birthday _____

1. What brand of food do you feed your cat? How much do you feed? _____

2. Where does your cat sleep? _____

3. What parasite preventive are you using? _____

Last administered? _____

4. What type of dental care do you provide for your cat? _____

5. Do you have other pets? YES NO _____

Are they currently vaccinated and on heartworm and parasite preventive? YES NO

6. Does your cat enjoy going outside? _____

7. When was your cat's last dental cleaning under general anaesthesia? _____

8. Does your cat: Board Groom Travel with You Have contact with other animals

9. Have you noticed any lumps or bumps on your cat? YES NO _____

10. Have you noticed any of the following: Hacking or Labored Breathing Limping Lethargy Diarrhea

Increased Thirst Increased Urination Vomiting Constipation Dry, Lusterless Fur Sneezing or Panting

11. Are there any health issues or behaviors you wish to discuss? YES NO _____

12. Are there any behaviors you wish you could change? YES NO _____

13. Is your pet currently on ANY medication (incl. Aspirin, glucosamine, etc)? YES NO _____

If yes, frequency and amounts that are given _____