



Feline Wellness Questionnaire

Cat Name: _____ Last Name: _____

Age: _____ Sex: Female Male Spayed Female Neutered Male

Is allowed to go outside: If goes outside, does your cat hunt?

Occasionally escapes: Your cat is _____% indoor and _____% outdoor.

Any health or behavioral concerns you would like to address today?

Diet

Current diet (brand name): _____

How long has your cat been on this diet? _____

Measured amount & frequency: _____ or free feed (bowl is filled when empty):

Previous diets include: _____

Normal Appetite: Decreased Appetite: Increased Appetite:

If decreased, does it seem like your cat wants to eat but is having difficulty doing so?

If increased, is there a change in weight with increased appetite?

Normal Thirst: Decreased Thirst: Increased Thirst:

Do you notice that you are filling the water bowl more frequently?

Excretion

Normal urine output: Increased (litter box gets full more often; urine puddles are larger):

Accidents outside the box? Urine: Stool: Any staining in the litter box?

Small, hard, or infrequent stools? Vomiting?

Frequency of vomiting: _____

What is typically vomited (hair, food, grass)? _____

Pain or Discomfort

Do you feel your cat is in pain or uncomfortable?

Level of discomfort or pain: Mild Moderate Severe

What do you think is causing the pain or discomfort? _____

Medications & Preventions

Please list any medications or preventions that your cat is taking (heartworm, flea, and tick, etc) and the last time they were given: _____

Do you need a refill of any prescription?

Are you interested in having annual screening bloodwork done today?