



Feline Wellness Questionnaire

My cat: _____ **Last name:** _____

Is allowed to go outside: Yes No If goes outdoors, does your cat hunt? Yes No

Occasionally escapes Yes No

Your cat is _____ % indoor and _____ % outdoor.

Please answer the following to the best of your knowledge

Current diet (brand name) _____ Length of time pet has been on this diet _____

Amount & frequency (measured amount): _____ or free fed (bowl is filled whenever empty)

Previous diets include _____

Appetite

Normal Decreased Increased

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 (loss or gain) with increased appetite? _____

Thirst

Normal Decreased Increased

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

Elimination

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

Accidents outside the box? Urine Stool

Any straining noted in the litter box? Yes No

Small, hard, or infrequent stools noted? Yes No

Vomiting? Yes No Frequency: _____

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

Pain or Discomfort

Do you feel your cat is painful or uncomfortable? Yes No

Level of discomfort/pain is: Mild Moderate Severe

What do you think might be causing your cat to be uncomfortable or painful? _____

Medications and Preventions

List any medications or preventions that your cat is taking (heartworm, flea and tick, etc.) and the last time they were given: _____ Need a refill of any prescription? Yes No

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

Are you interested in having annual screening blood work done today? Yes No