



# Feline History Questionnaire

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Client: \_\_\_\_\_

Do you use Care Credit/ScratchPay? Y \_\_\_ N \_\_\_ Do you want information on financing options? Y \_\_\_ N \_\_\_

Do you want information on cutting cost with pet insurance? Y \_\_\_ N \_\_\_

Sex: M \_\_\_ F \_\_\_ Spayed/Neuter: Y \_\_\_ N \_\_\_ Interested in Spaying/Neutering? Y \_\_\_ N \_\_\_

Microchip # \_\_\_\_\_ Interested in Microchipping Y \_\_\_ N \_\_\_

FELV / FIV tested? Y \_\_\_ N \_\_\_ Interested in Testing Y \_\_\_ N \_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Nails Long? Y \_\_\_ N \_\_\_ Nail Trim today? Y \_\_\_ N \_\_\_

Are there other pets in the household? Y \_\_\_ N \_\_\_ Canine: \_\_\_\_\_ Feline: \_\_\_\_\_ Other: \_\_\_\_\_

Reasons for today's visit? \_\_\_\_\_

Ongoing problems? \_\_\_\_\_

## Current:

Medications/Supplements: \_\_\_\_\_

Any allergies to any medications or vaccines? Y \_\_\_ N \_\_\_ What and when? \_\_\_\_\_

## Diet:

Brand: \_\_\_\_\_ Canned? Y \_\_\_ N \_\_\_ Dry? Y \_\_\_ No \_\_\_

How much do you feed? \_\_\_\_\_ How often do you feed? \_\_\_\_\_

Recent dietary changes? \_\_\_\_\_

What kind of treats / snacks / table scraps / chews do you give your pet? \_\_\_\_\_

When is the last time your pet ate? \_\_\_\_\_

## Parasite Prevention:

What Heartworm Preventative do you give your pet? \_\_\_\_\_

What day of the month do you give your pet's Heartworm Preventative? \_\_\_\_\_ Every month? Y \_\_\_ N \_\_\_

What Flea and Tick Preventative do you give your pet? \_\_\_\_\_

Interested in Heartworm or Flea and Tick Preventative today? Y \_\_\_ N \_\_\_

## Lifestyle:

Indoor only \_\_\_ Indoor / Outdoor \_\_\_ Outdoor Only \_\_\_ Hunts \_\_\_ Boards \_\_\_ Groomed \_\_\_ Travel \_\_\_

# Feline Wellness History Questionnaire

## Urine:

Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Blood Present \_\_\_\_\_

Comments: \_\_\_\_\_

## Bowel Movements:

Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Diarrhea \_\_\_\_\_ Constipation \_\_\_\_\_ Blood Present \_\_\_\_\_

Comments: \_\_\_\_\_

## Dental Status:

Bad Breath \_\_\_\_\_ Sore Gums \_\_\_\_\_ Problems Chewing \_\_\_\_\_ Drooling \_\_\_\_\_ Decreased Appetite \_\_\_\_\_

What Dental care do you provide for your pet at home? \_\_\_\_\_

## Mobility / Activity:

Normal \_\_\_\_\_ Unable to jump \_\_\_\_\_ Limping \_\_\_\_\_ Sore \_\_\_\_\_ Painful \_\_\_\_\_ Arthritic \_\_\_\_\_

## Hair / Coat:

Clean and Shiny \_\_\_\_\_ Dull \_\_\_\_\_ Dandruff \_\_\_\_\_ Hair Loss \_\_\_\_\_ Mats \_\_\_\_\_ Decreased Grooming \_\_\_\_\_

Are any Fleas present? Y \_\_\_\_\_ N \_\_\_\_\_ Are any Ticks present? Y \_\_\_\_\_ N \_\_\_\_\_

Any bumps or masses that the Doctor should be aware of? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, where and when was it seen, and changes? \_\_\_\_\_

## Does your pet have any of these symptoms?

Coughing \_\_\_\_\_ Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Sneezing \_\_\_\_\_ Hairballs \_\_\_\_\_

Has your pet been seen elsewhere for medical care since we last saw him / her? Y \_\_\_\_\_ N \_\_\_\_\_

If so, when? \_\_\_\_\_ Clinics name: \_\_\_\_\_