

Cat Health Questionnaire

This form is available to download on our website www.elliottbayah.com

Please take the time to answer the following questions regarding your cat. The veterinarian will review this questionnaire with you in your cat's appointment.

What kind of food do you feed your cat? _____ How much do you feed? _____

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| 1. Does your cat have a microchip? | YES | NO |
| 2. Have you noticed any new lumps or bumps? | YES | NO |
| 3. Is your cat itching, scratching, shaking head or chewing on skin? | YES | NO |
| 4. Is your cat sneezing or coughing? | YES | NO |
| 5. Have you noticed that your cat has bad breath? | YES | NO |
| 6. Is your cat having abnormal bowel movements? | YES | NO |
| 7. Has your cat's urination habits changed?..... | YES | NO |
| 8. Has your cat's appetite changed (increased / decreased)? | YES | NO |
| 9. Has your cat's water intake changed (increased / decreased)? | YES | NO |
| 10. Has your cat's energy level changed, slowing down or sleeping a lot more?..... | YES | NO |
| 11. Does your cat limp, have difficulty rising, jumping or climbing? | YES | NO |
| 12. Has your cat recently gained or lost weight? | YES | NO |
| 13. Have you noticed changes in behavior? | YES | NO |
| 14. Is your cat on any medications, supplements or human products? | YES | NO |
| 15. Do you need any prescriptions refilled today? | YES | NO |
| 16. Have you noticed any change in your cat's vision or hearing? | YES | NO |
| 17. Has your cat ever shown aggression towards people or animals? | YES | NO |
| 18. Is your cat on a monthly flea medication? | YES | NO |
| 19. Does your cat go outside? | YES | NO |
| 16. Do you have any travel plans with your cat in the next 12 months? | YES | NO |
| 17. Do you provide home dental care for your cat? | YES | NO |
| 18. Are there any other questions or concerns you would like to discuss today? | YES | NO |

Date: _____ Name: _____ Pet's Name _____