



Feline Medical History Questionnaire

Your Name:

Cell Phone Number:

Home Phone Number:

Work Phone Number:

Home (Physical) Address:

Mailing Address:

Email:

Preferred Method of Contact (email vs. cell, home, or work phone):

Secondary Contact (Spouse, Relative, etc. who has permission to make medical decisions regarding your pet):

Your Pet's Name:

Age:

Sex:

Spayed or Neutered?:

Breed:

Vaccine History:

Vaccine	Last Given	When Due?
Rabies		
FVRCP (Feline Viral Rhinotracheitis, Calicivirus, and Panleukopenia)		
FelV (Feline Leukemia Virus)		
Other:		



Questions:

1. Does your cat live mainly indoors or outdoors?
2. Temperament of your cat (calm/friendly, anxious/nervous, aggressive, etc.)?
3. Any other pets in the home?
 - a. If yes, how many cats are in the home?
 - i. How many litter boxes are available in the home?
4. Does your cat have any known allergies?
 - a. If yes, what are those allergies?
5. Does your cat have a history of any major medical procedures or surgeries?
 - a. If yes, what were the procedures and when did they occur?
6. Food Questions:
 - a. What does your cat currently eat?
 - b. How much of this food per feeding is offered (in cups)?
 - c. How many feedings per day, or is your cat free fed?
 - d. What is the main protein source of this food (chicken, turkey, beef, pork, salmon/fish, etc.)?
 - e. Any treats offered?
 - i. If yes, what kind of treats are offered?
 - ii. If yes, how many treats per day?
 - f. Any human food offered?
 - i. If yes, what kind of human food is offered?
 - ii. If yes, how much human food is offered per day?
7. Medication Questions:
 - a. When was your pet last dewormed?
 - b. Is your pet on any prescription medications?
 - i. If yes, please list them below and include the medication name, strength, and dosing frequency.
 1. Medication #1 –



2. Medication #2 –
 3. Medication #3 –
 4. If other medications, please list them on the back of this form.
- c. Is your pet on flea or tick prevention?
- i. If yes, please list them below and include the medication name, strength, and dosing frequency.
 1. Medication #1 –
 2. If other medications, please list them on the back of this form.
- d. Is your pet on any over-the-counter medications or supplements?
- i. If yes, please list them below and include the medication name, strength, and dosing frequency.
 1. Medication #1 –
 2. Medication #2 –
 3. If other medications, please list them on the back of this form.
8. Any recent travel outside of Nevada with your pet?
- a. If yes, where?
9. Any weight gain or loss?
- a. If yes to either:
 - i. When was your pet last weighed, and how much did your pet weigh at that time?
 - ii. When did you first start noticing the weight change?
10. Normal, decreased, or increased eating?
- a. If decreased eating:
 - i. When is the last time your pet ate?
 - ii. Will your pet still eat their favorite treats?
 - iii. Any pain noted when your pet chews his/her food?
 - iv. Any drooling noted?
 - v. Any foul odors coming from your pet's mouth?
 - vi. Does your pet paw at his/her mouth?



- vii. Any trouble swallowing noted?
 - b. If increased eating:
 - i. Is your pet still losing weight despite a good appetite?
 - ii. Does your pet seem like he/she is hungry all the time?
- 11. Normal, decreased, or increased drinking?
 - a. If decreased drinking:
 - i. When did your pet last drink water?
 - ii. Any trouble swallowing noted?
 - iii. Any drooling noted?
 - b. If increased drinking:
 - i. How much water would you estimate that your pet drinks in one day (in quarts, gallons, etc.)?
- 12. Normal, decreased, or increased urination?
 - a. If decreased urination:
 - i. Is your pet still able to urinate when necessary?
 - ii. Any straining to urinate noted?
 - iii. Does your cat spend a lot of time in his/her litter box?
 - iv. Any blood noted in the urine?
 - v. Any history of your pet having urinary blockages (such as with stones, mucus plugs, or blood clots)?
 - b. If increased urination:
 - i. Does your pet have to urinate frequently in small amounts?
 - ii. Does your pet have to urinate frequently in large amounts?
 - iii. Is your pet straining to urinate?
 - iv. Does your pet have any urinary accidents in your home or does your cat urinate outside of his/her litter box?
 - v. Does it seem like your pet has control over his/her voiding, or does it appear as though your pet may be urinary incontinent?



- vi. Does your pet's urine appear discolored?
- vii. Any blood noted in your pet's urine?
- viii. Any household changes such as new pets or people being introduced into your home or a recent move?
- ix. Does your pet exhibit any marking behaviors?

13. Normal, decreased, or increased defecating?

- a. If decreased defecation:
 - i. When was your pet's last bowel movement?
 - ii. Is your pet straining to defecate?
 - iii. Does your pet eat things he/she shouldn't such as toys, fabric, strings, etc.?
 - iv. Does your pet have a history of constipation issues?
- b. If increased defecation:
 - i. Is your pet currently having diarrhea?
 - 1. If yes, please answer the diarrhea questions below.
 - ii. If increased defecation, but normal stool consistency:
 - 1. Any recent diet changes or new treats introduced?
 - 2. Does your pet appear fecal incontinent (like his/her bowel movements can't be controlled?)?

14. Normal, decreased, or increased activity level?

- a. If decreased activity level:
 - i. Does your pet sleep a lot (possibly more than the average cat?)?
 - ii. Does your pet seem tired or lethargic?
 - iii. Has your cat been hiding more in your home lately?
- b. If increased activity level:
 - i. Does your pet seem abnormally hyperactive, excitable, or vocal?

15. Any vomiting, diarrhea, coughing, or sneezing?

- a. If yes to vomiting:
 - i. How long has your pet been vomiting (days, weeks, months, years, etc.)?



- ii. Does the vomiting occur right after eating or a few hours later?
 - iii. What does the vomitus look like?
 - iv. Any blood seen in the vomitus?
 - v. Any recent food changes or new treats introduced?
 - vi. Does your pet get into things that he/she shouldn't such as the trash, human medications/recreational drugs, potential toxins, or random items found outdoors?
 - vii. Does your pet chew-up/destroy toys or do toys go missing around your home?
- b. If yes to diarrhea:
- i. How long has your pet been having diarrhea (days, weeks, months, years, etc.)?
 - ii. Does your pet have to defecate frequently?
 - iii. Does your pet appear fecal incontinent (like his/her bowel movements can't be controlled?)?
 - iv. Is there a large or small amount of stool produced at each defecation?
 - v. What does the diarrhea look like (liquid, mucus-like, thick, dark, etc.)?
 - vi. Any blood seen in the stool?
 - 1. If yes, does it appear bright red or dark in color?
 - vii. Any worms seen in the stool?
 - viii. Any recent food changes or new treats introduced?
 - ix. Does your pet get into things that he/she shouldn't such as the trash, human medications/recreational drugs, potential toxins, or random items found outdoors?
 - x. Does your pet chew-up toys or do toys go missing around your home?
- c. If yes to coughing:
- i. How long has your pet been coughing (days, weeks, months, years, etc.)?
 - ii. Is the cough productive (does liquid or foam come out during a cough?)?



- iii. Is the cough more prevalent during certain times of the day?
 - iv. Does your pet cough more while resting or laying down?
 - v. Does your pet cough more with exercise or movement?
 - vi. Does your pet wheeze or have any other trouble breathing?
 - vii. Has your pet been to a boarding or grooming facilities recently?
 - viii. Any other animals in the home coughing?
 - ix. Are there any smokers in the household?
 - x. Do you burn any candles or incense in your home or use air fresheners/sprays?
 - xi. Any recent changes to fabric detergents or softeners in your home?
- d. If yes to sneezing:
- i. How long has your pet been sneezing (days, weeks, months, years, etc.)?
 - ii. Is the sneeze more prevalent during certain times of the day or during certain seasons?
 - iii. Any nasal discharge present?
 - 1. If yes, is it out of both nostrils or just one (right vs. left)?
 - 2. If yes, does it appear mucoid and thick or thin and watery?
 - 3. If yes, what color is the discharge?
 - 4. If yes, any blood in the discharge?
 - iv. Has your pet been in contact with other outdoor cats recently?
 - v. Any other animals in the home sneezing?
 - vi. Are there any smokers in the household?
 - vii. Do you burn any candles or incense in your home or use air fresheners/sprays?
 - viii. Any recent changes to fabric detergents or softeners in your home?



16. Primary concern for today's visit?