



Adult Cat Questionnaire and Risk Assessment Survey--for cats less than 10 years old

Today's date: _____

Your name (First and Last): _____

Cat's name _____ Cat's age/date of birth: _____

For new patients only:

Where did your cat come from and how long have you had him/her? _____

Has your cat been spayed, neutered or declawed? (circle, if appropriate) When? _____

Please list any known medical history including vaccinations and dewormings: _____

Do you have medical insurance for your pet? If so, what type? Does it cover wellness or just accident/illness? _____

Please list the other pets in the household (dogs and cats), their names and ages:

What does your cat eat? (Please be specific, listing type, brand, amount and frequency of feeding including snacks): _____

Please list ALL medications and supplements (including dose and frequency) and when it was last given:

Please list any heartworm, flea or tick preventatives and when last given or applied: _____

(OVER)

Are you brushing your pet's teeth? If so, how often? _____

Are you aware of any past vaccine reactions or allergies? Describe: _____

Has the cat had any coughing, sneezing, vomiting or diarrhea? (circle if appropriate) Describe: _____

Does your cat have any behavior or litter box problems? _____

Where does your cat sleep? _____

Are there any small children or immunocompromised individuals in the household? _____

Will your cat live indoors, outdoors or both? (circle)

Does your cat hunt? _____

Does your cat have contact with other cats? _____

Have you traveled outside of the state in the past 6 months – 1 year with your cat? When & Where? _____

How does your pet travel in the car? (circle) Crate/carrier? Seat belt? Barrier? No restraint?

Do you have any travel plans with your cat? If so, when and where? _____

Do you have any boarding plans for your cat? _____

Have you seen any fleas or ticks on your cat? _____

What does your cat do for fun? _____

Do you have any specific concerns today? _____
