Senior Cat Questionnaire and Risk Assessment Survey—for cats 10 years old or older

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? ___________________________________________________

For senior patients:

Have you noticed any weight gain or weight loss? _______ How long? _______________________________

Has your cat had any changes in appetite? ______________________________________________________

Has your cat had any changes in activity level? _____________________________________________________

Have you noticed any changes in water consumption or urinations? _________________________________

Does your cat have bad breath or trouble chewing? ________________________________________________

Have you noticed any difficulty in walking or jumping? _____________________________________________

Has your cat been scratching, licking or chewing itself? Describe: _________________________________

Have you noticed any new lumps or bumps? ______________________________________________________

What does your cat do for fun? __________________________________________________________________

Do you have any specific concerns today? _________________________________________________________