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**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? \_\_\_\_\_