

Feline Pre-Exam Wellness Screening Questionnaire

Your Cat's Name: _____

Date: _____

Your Name: _____

Has your contact information changed? Yes No
 Please provide updated info on reverse side

Life Style – Indoor or Outdoor (choose 1)

1. Indoor – My cat lives inside predominantly, although he/she may go outside for supervised walks.
2. Outdoor – My cat goes outside unsupervised.

Life Style – Social or Solitary (choose 1)

1. Social – My cat lives with other cats or regularly meets other cats, including walks, boarding, and/or grooming. (If your cat goes Outside unsupervised, he or she is considered **"Social"** .
2. Solitary – My cat rarely, if ever, encounters other cats.

Life Stage: (choose 1)

Kitten – (up to 12 months) Adult – (1 yr to 9 yrs old) Senior (10 yrs and older)

Special Conditions (choose any that may be applicable)

Pregnant/Nursing Cat Stray

Special Needs (choose any that may be applicable)

1. My cat has allergies
2. My cat has a chronic condition/disease. (Please specify _____)
3. My cat takes the following medications on a regular basis: _____

Nutrition –

What food(s) do you feed your cat? _____

What treat(s) do you feed your cat? _____

Heartworm/Flea Preventatives –

What heartworm preventative does your cat use? _____

What flea preventative does your cat use? _____

Environmental/Other Conditions

Please Circle One

1. Is there wildlife in your area, including deer, mice, squirrels, birds, opossums, raccoons, or skunks?	Y	N
2. Have you seen fleas on you or your cat recently?	Y	N
3. Have you seen ticks on you or your cat recently?	Y	N
4. Have you seen mosquitoes near where your cat goes outdoors?	Y	N
5. Does your cat have an opportunity to drink from water outdoors (ponds, puddles, water bowls, etc.)?	Y	N
6. Do you ever take your cat to a groomer or a boarding facility?	Y	N
7. Do you ever take your cat to pet shows?	Y	N
8. Has your cat been feline leukemia (Felv) tested?	Y	N
9. Has your cat ever become sick after receiving a vaccination?	Y	N
10. Do you vacation with your cat during the winter months where fleas are present?	Y	N
11. Is my cat declawed? (If Yes, Front or all Four – circle one)	Y	N
12. Has your cat been feline AIDS (FIV) tested?	Y	N

Unusual Behavior (has your cat experienced any of the following since the last visit)	Please Circle One	
1. Coughing	Y	N
2. Diarrhea	Y	N
3. Eating more than usual	Y	N
4. Eating less than usual	Y	N
5. Excessive drinking of water, panting, scratching, or urination	Y	N
6. Vomiting	Y	N
7. Weight gain or weight loss	Y	N
8. Does your cat have trouble getting up in the morning?	Y	N
9. Does your cat show signs of weakness or imbalance?	Y	N
10. Does your cat show an unwillingness to exercise?	Y	N
11. Does your cat experience inappropriate urination (outside litter box)?	Y	N
12. Does your cat have inappropriate bowel movements (outside litter box)?	Y	N
13. Does your cat exhibit any of the following behaviors:		
a. Separation problems	Y	N
b. Fear	Y	N
c. Aggression	Y	N
d. Fear of thunderstorms or fireworks	Y	N

Please update your contact information if it has changed since your last visit.

Your Name: _____ Spouse Name: _____
(Last Name) (First Name) (MI) (Last Name) (First Name) (MI)

Address: _____ City/Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Spouse Cell: (____) _____

Email: _____

Emails are used strictly by Big Creek Pet Hospital to provide you with important information and are not released to others.

Signed _____ Date _____

By signing this document, you give us permission to contact you by phone, fax, email, and/or regular mail in the future about your pets. This information is strictly for conducting business between Big Creek Pet Hospital and you. We will not share your information to an outside company. We will ask your permission prior to sharing your pet's records with any other veterinarian and/or group.

(If this document is returned by email, please sign our copy when you are here for your pet's appointment.)