HEALTH CHECK QUESTIONNAIRE

This form will aid your veterinarian in assessing your cat's health.

Date: _____

Client: _____ Patient: _____

1. How would you describe your cat's overall health? (Poor, good, etc.) _____

2. Is your cat: ☐ Indoor ☐ Outdoor ☐ Both

3. Brand of food: _____ ☐ Wet ☐ Dry ☐ Both ☐ Unsure

4. Has your cat's appetite changed? ☐ Increase ☐ Decrease ☐ None ☐ Unsure

5. Do you feel there has been a change in your cat's weight? ☐ Increase ☐ Decrease ☐ None ☐ Unsure

6. Has there been any vomiting? ☐ Yes ☐ No ☐ Unsure
If yes, frequency and description: _____

7. Does your cat have difficulty chewing or is its mouth painful? ☐ Yes ☐ No ☐ Unsure

8. Do you brush your cat's teeth? ☐ Yes ☐ No How often? _____

9. Do you use T/D, CET, or other teeth-cleaning items? ☐ Yes ☐ No
If yes, what product(s)? _____

10. Have you noticed bad breath, red gums, or plaque buildup? ☐ Yes ☐ No ☐ Unsure

11. Does your cat have diarrhea, hard stool, no stool, straining to defecate, or constipation? ☐ Yes ☐ No ☐ Unsure

12. Has there been any scooting? ☐ Yes ☐ No ☐ Unsure

13. Has there been a change in vocalization? ☐ Increase ☐ Decrease ☐ None ☐ Unsure

14. Has there been a change in water consumption? ☐ Increase ☐ Decrease ☐ None ☐ Unsure

15. Have you noticed a change in urination? ☐ Increase ☐ Decrease ☐ None ☐ Unsure

16. Have there been any accidents outside of the litter box? ☐ Yes ☐ No ☐ Unsure

17. Have you noticed a change in your cat's activity level? ☐ Increase ☐ Decrease ☐ None ☐ Unsure

18. Have you noticed any coughing or wheezing? ☐ Yes ☐ No ☐ Unsure

19. Does your cat tire easily after exercise? ☐ Yes ☐ No ☐ Unsure

20. Does your cat have difficulty jumping or moving around? ☐ Yes ☐ No ☐ Unsure

21. Is your cat sneezing? Frequency: _____ ☐ Yes ☐ No ☐ Unsure

22. Have you noticed any lumps or scabs? ☐ Yes ☐ No
If yes, location of lump: _____ Has the lump changed in size? _____

23. Has there been marked hair loss? Where? _____ ☐ Yes ☐ No ☐ Unsure

24. Does your cat appear itchy? Where? _____ ☐ Yes ☐ No ☐ Unsure

25. What type of flea control do you use? _____

26. Is your cat on heartworm preventative, such as Heartgard? ☐ Yes ☐ No ☐ Unsure

27. Does your cat have a microchip? ☐ Yes ☐ No ☐ Unsure

28. Current medications:

Medication Name	Dosage Amount *(1 capsule, 2ml liquid, etc.)*	Dosage Frequency	Last Given

29. Do you have young children in your household? ☐ Yes ☐ No ☐ Sometimes

30. Why are we seeing your cat today? (Presenting complaint) _____

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