

ANNUAL EXAM QUESTIONNAIRE: FELINE

Age: _____

Weight Today: _____

Last Weight: _____

1. Have you noticed?

- vomiting
- diarrhea
- sneezing
- increased urination
- itching
- hair loss / change
- heavy breathing

- skin growths
- weight loss
- weight gain
- seizure / tremors
- abscess
- other _____
- none of the above

2. Behavior changes

- unwanted aggression
- confusion or disorientation
- excessive meowing
- house soiling
- destructive scratching
- other _____
- none of the above

3. Has appetite/water intake changed?

- Normal
- Increased
- Decreased

4. Nutritional Supplements?

- Yes
- No

5. Food?

Type? _____

Normal Daily Amount? _____

6. Does your pet hunt mice/birds?

- Yes
- No

7. Signs of arthritis?

- Difficulty with stairs
- Stiffness
- Limping
- Difficulty rising / sitting

8. Change sleeping pattern/energy level?

- Yes
- No

9. FeLV/FIV risk (check all that apply)

- outside unsupervised
- exposed to cat with unknown status
- fight with another cat
- never been tested / stray
- lives with cats of unknown status
- lives with recently adopted cat

10. Dental care:

- Brush
- Oral Rinse
- CET chews

Have you noticed

- Bad Breath?
- Difficulty chewing?

11. Complete Life Style Survey on
next page

11. Does your pet need or have:

- need / have
- need / have
- need / have
- need / have

Microchip
ID tag

Number _____

Home dental care products
Vaccine Sarcoma handout

