

Elkhorn Animal Hospital
Feline Questionnaire

Cat's Name: _____

Today's Date: _____

How long have you had your cat? _____

Does your cat spend time outdoors? Bathroom only 50/50 Indoor/Outdoor Outdoor Cat

Does your cat come into contact with other people's cats? Yes No

What do you currently feed your cat? (Brand, how much) _____

Do you use a flea preventative? Yes No If Yes, what type? _____

Do you board your cat or have it bathed or groomed outside of your home? Yes No

Is there wildlife in your area (such as deer, mice, squirrels, birds, opossums, raccoons, rats or skunks)?
 Yes No

Does your cat drink from water outside (ponds, puddles, water bowls, etc.)? Yes No

Has your cat been tested for Feline Leukemia and/or Feline Immunodeficiency Virus? Yes No

Has your cat ever been vaccinated for Feline Leukemia virus? Yes No

Has your cat ever become ill following vaccinations? Yes No

Has your cat had any routine bloodwork in the last two years? Yes No

Do you provide any home dental care? Yes No

Has your cat ever been hospitalized? Yes No If so, for what condition? _____

Does your cat have any other health problems? Yes No If Yes, please

describe _____

Is your cat on any medications? Yes No If yes, please list name and dosage _____

Do you use a hairball removal agent such as laxatone? Yes No If Yes, what and how often?

Are there any specific issues you would like us to address during today's exam?
