



**Patient Questionnaire**

**Date:** \_\_\_\_\_

In order to take care of you cat it is essential this form is completed with the most up-to-date and accurate information to your knowledge. **Areas in bold and below the bold line are required.** Thank you.

**Owners' name:** \_\_\_\_\_ **Cats' Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_

\_\_\_\_\_ (W): \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ (C): \_\_\_\_\_

**Reason For Today's Visit:** \_\_\_\_\_

**Does your cat go outside at all?** (Please circle one) YES NO

**If your cat goes outside, is it supervised?** YES NO

**If you have any other animals in the home, please list the type (i.e: dog, cat) and the # of each.**

**If this cat is a new member of your house hold, how did you acquire him/her?**

<b>Since your last visit at Just Cats has there been any (Please circle one)</b>				<b>How Often / Describe</b>
Vomiting	YES	NO	N/A	_____
Diarrhea	YES	NO	N/A	_____
Sneezing	YES	NO	N/A	_____
Coughing	YES	NO	N/A	_____
Weight Loss	YES	NO	N/A	_____
Increased Thirst	YES	NO	N/A	_____
Increased Urination	YES	NO	N/A	_____
Decreased/Picky Appetite	YES	NO	N/A	_____

**What diet do you feed this cat? (Please give brand, amounts, and advise if canned or dry food)**

**Is your cat on any medications?** YES NO (if yes, please list name and dose of each)  
 Do you need any Refills?

**Are you familiar with Feline heartworm treatment?** YES NO

**Would you like our technician to go over heartworm prevention?** YES NO

**Did you know we offer micro-chipping for your cat?** YES NO

**Do you have any additional concerns or questions for the vet today?**