

Feline Medical Questionnaire

- Has your pet been eating normally? Yes No
 - What diet is your pet currently fed? _____
 - How much is fed at each meal (ex: ½ cup): _____
 - How often are they fed:
 - Once daily
 - Twice daily
 - Three times daily
 - Other

- Has your pet experienced any of the following symptoms:
 - Vomiting? Yes No
 - If yes:
 - What is produced when patient vomits (ex: hair, bile, food)? _____
 - When was the last time patient vomited? _____
 - What is the frequency of episodes? _____

 - Diarrhea? Yes No
 - If yes:
 - When was diarrhea first noted? _____
 - Is blood present in stool? _____

 - Sneezing? Yes No
 - If yes:
 - How often: _____

 - Coughing? Yes No
 - If yes:
 - How often: _____

- Has your pet been urinating normally? Yes No

- Does your pet go outdoors? Yes No
 - If yes:
 - How often: _____

- Is your pet currently on a year round flea and tick preventative? Yes No

• Do you have any other pets in the household? Yes No

• Please list any medications or supplements your pet currently takes, please include frequency and strength:

• Do you have any other concerns or questions for today's visit? Yes No

○ If yes, please list below so the doctor can discuss further during your pet's exam:
