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BONNIE BRAE
VETERINARY HOSPITAL

FELINE WELLNESS QUESTIONNAIRE

Please complete the following as accurately as possible, and return during your scheduled visit.

Pet's Name: _____ Owner's Name: _____ **Date:** _____

Cell Phone: _____ Email: _____

Lifestyle: ☐ Indoor Only ☐ Mostly Indoor ☐ Mostly Outdoor ☐ Indoor and Outdoor

Appetite: ☐ Very Good ☐ Good ☐ Erratic ☐ Picky ☐ Poor ☐ Very Poor

Diet: _____ Change in appetite? ☐ No Change ☐ More ☐ Less

Feeding: ☐ Eats specific meals ☐ Fed free choice % table food _____ % treats _____ % cat food _____

Water Consumption: ☐ Drinks normally ☐ Drinks less than normal ☐ Drinks more than normal

Urination: ☐ Normal amount ☐ Less than normal ☐ More than normal ☐ Gets up at night to urinate

Activity Level: ☐ Very active ☐ Normal ☐ Very inactive ☐ Change in activity: ☐ more active ☐ less active

Yes	No	**Please answer ALL questions below, as applicable.**
☐	☐	Does your cat board or go to cat shows?
☐	☐	Any growths, lumps or bumps? Where: _____ First Noticed: _____
☐	☐	Lameness or Limping: Which legs(s) _____ ☐ Constant ☐ Intermittent How long: _____
☐	☐	Trouble Getting up, Jumping or Moving About? ☐ Constant ☐ Intermittent How long: _____
☐	☐	Behavior Changes: _____
☐	☐	Seizures: How often? _____ How long in duration? _____
☐	☐	Vomiting: If yes, how often and what does it consist of? _____
		Is there a relationship to eating? ☐ No ☐ Yes How: _____
☐	☐	Diarrhea: ☐ Occasionally ☐ Frequently
		Number of bowel movements per day: _____ Straining to defecate: ☐ Yes ☐ No
☐	☐	Coughing: ☐ Occasionally ☐ Frequently
☐	☐	Difficulty Breathing: ☐ Occasionally ☐ Frequently
☐	☐	Sneezing: ☐ Occasionally ☐ Frequently
☐	☐	Nasal Discharge: ☐ Pus ☐ Watery ☐ Bloody How long: _____
☐	☐	Itching: ☐ Seasonal ☐ Year-round ☐ Location(s) on body: _____
		On a scale of 1 to 10, how bad is it? _____ Sores present? _____
☐	☐	History of fight wounds: How many times in the past 2 years: _____
☐	☐	Has tested positive for: ☐ Feline Leukemia Virus ☐ Feline AIDS Virus If yes, how long ago? _____
☐	☐	Fleas or ticks noted recently?
☐	☐	Is your cat Microchipped? If not, would you like a Microchip inserted today? ☐ Yes ☐ No
☐	☐	Is your cat covered by Pet Insurance? If so, which carrier? _____
☐	☐	Is your cat jumping like they did in the past?
☐	☐	Have you noticed any change in grooming habits?
☐	☐	Does your cat have any trouble getting in/out of the litterbox? Type of cat litter used? _____

On heartworm preventative? ☐ No ☐ Irregularly ☐ Regularly Number of months/years: _____

On flea preventative? ☐ No ☐ Irregularly ☐ Regularly Number of months/years: _____

Name of heartworm/flea preventative: ☐ Revolution ☐ Advantage Multi ☐ Frontline Other: _____

Medications or Supplements regularly taken:

Summary of your concerns: