## 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:  $\frac{1}{2}$  cup):
  - How often are they fed:
    - Once daily  $\Box$
    - Twice daily □
    - Three times daily  $\Box$
    - 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  $\square$  No  $\square$ 
  - 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  $\Box$  No  $\Box$

- Do you have any other pets in the household? Yes D No D
- 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 D No D
  - If yes, please list below so the doctor can discuss further during your pet's exam: