

Sacramento Cat Hospital
 4115 Manzanita Ave
 Carmichael, CA 95608
 (916)488-4161

Health Check Questionnaire

This will aid the veterinarian in assessing the health of your cat.

Date: _____

Client: _____

Patient: _____

1. How would you describe your cat's overall health? (Poor, good, etc.) _____
2. Is your cat: Indoor Outdoor Both
3. Brand of Food: _____ Wet Dry Both Unsure
4. Has there been a change in appetite? Increase Decrease None Unsure
5. Have you noticed any change in your cat's weight? Increase Decrease None Unsure
6. Has there been any vomiting? Yes No Unsure
 If so, how often? _____
7. Does your cat have difficulty chewing or is its mouth painful? Yes No Unsure
8. Do you brush your cat's teeth? Yes No
 How often? _____
9. Do you use T/D, CET or other teeth-cleaning items? Yes No
 If so, what product(s)? _____
10. Have you noticed bad breath, red gums, or plaque build-up? Yes No Unsure
11. Does your cat have abnormal bowel movements? Yes No Unsure
 Description (diarrhea, hard stool, no stool)
12. Has there been any scooting? Yes No Unsure
13. Has there been a change in vocalization? Increase Decrease Same Unsure
14. Has there been a change in water consumption? Increase Decrease Same Unsure
15. Have you noticed a change in urination? Increase Decrease Same Unsure
16. Have there been any accidents outside the litter box? Yes No Unsure
17. Have you noticed a change in the activity level of your cat? Increase Decrease Same Unsure
18. Have you noticed any coughing or wheezing? Yes No Unsure
19. Does your cat tire easily after exercise? Yes No Unsure
20. Does your cat have difficulty jumping or moving around? Yes No Unsure
21. Is your cat sneezing? Yes No Unsure
 Frequency _____
22. Have you noticed any lumps or scabs? Yes No Unsure
 Location of lump? _____
 Have the lumps changed size? _____
23. Has there been marked hair loss? Yes No Unsure
 If so, where? _____
24. Does your cat appear itchy? Yes No Unsure
 If so, where? _____
25. What type of flea control do you use? _____
26. Is your cat on heartworm preventative like Heartgard? Yes No Unsure
27. Does your cat have a microchip? Yes No Unsure
28. Current Medications: Treatment: Frequency: Last Given:

29. Do you have young children in your household?

Yes

No

Sometimes

30. Why are we seeing your cat today? (presenting complaint)
