

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

### Progress Check Questionnaire

This short form aids us in assessing the progress of your cat's health.

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

Client: \_\_\_\_\_ Patient: \_\_\_\_\_

1. How would you describe your cat's overall health? (Poor, good, etc.) \_\_\_\_\_

2. Do you think your cat is comfortable? Yes No Unsure

3. How has your cat's health has changed since last time Better Worse None Unsure

4. Has your cat's energy level changed since last visit? Increase Decrease None Unsure

5. Do you feel there has been a change in your cat's weight? Increase Decrease None Unsure

6. Has your cat's appetite changed? Increase Decrease None Unsure

7. Has there been any vomiting? Yes No Unsure  
 If yes, frequency and description: \_\_\_\_\_

8. Have there been any abnormal bowel movements? Yes No Unsure  
 If yes, frequency and description: \_\_\_\_\_

9. Has there been a change in water consumption? Increase Decrease None Unsure

10. Have there been any accidents outside of the litter box? Yes No Unsure  
 If yes, frequency and description: \_\_\_\_\_

11. Is your cat: Indoor Outdoor Both

12. Brand of food: \_\_\_\_\_ Wet Dry Both Unsure

13. Current Medications: \_\_\_\_\_ Treatment: \_\_\_\_\_ Frequency: \_\_\_\_\_ Last Given: \_\_\_\_\_


14. Are there any other concerns you would like to address at this time? Such as:

Cost of treatment?	Yes	No
Long-term care requirements?	Yes	No
Pain Management?	Yes	No
Other? _____		

15. Are you interested in alternative therapies? Yes No Unsure

16. Do you need any refills today? Yes No  
 If yes, what do you need? \_\_\_\_\_