DROP-OFF PRE-EXAM QUESTIONNAIRE

OWNER: _______________________  PATIENT: _______________________ DATE: ___/___/___

HAVE YOU MOVED IN THE LAST 6 MONTHS!!!!!  □ YES  □ NO

The Doctors \textit{REALLY} need this information so LET THE QUESTIONS BEGIN !!.......................

Number of cats in the household? ________

- □ Indoor
- □ Outdoor
- □ Both

Diet:
- □ Dry  Brand:________________
- □ Wet  Brand:________________
- □ Treats? __________
- □ Amount:________________/day
- □ Amount:_________________/Day
- □ Type:_________

What medications are you currently giving to your cat? ___________________________________________________________

When was the medication last administered?   Time: _____:_____  □ AM  □ PM

Flea control used?     Brand? ________________________  Last date applied?  ____/____/____

ATTITUDE?  □ Normal  □ Quiet  □ Withdrawn  □ Depressed  □ Irritated  □ Anxious  □ Lethargic
□ Other:____________  How long? ___________________

APPETITE?  □ Normal  □ Increased  □ Decreased  □ Not eating  □ Unsure  How long? __________

WATER CONSUMPTION?  □ Normal  □ Increased  □ Decreased  □ Not drinking  □ Unsure  How long? __________

SNEEZING?  □ Yes  □ No  □ Unsure  How long? ______  COUGHING?  □ Yes  □ No  □ Unsure  How long? ______

EYE DISCHARGE?  □ Yes  □ No  How long? ______  NASAL DISCHARGE?  □ Yes  □ No  How long? ______

EYE DISCHARGE DESCRIPTION  ▶ Which side(s) ______  □ Watery  □ Thick mucus  □ Green  □ Brown  □ Blood

NASAL DISCHARGE DESCRIPTION  ▶ Which side(s) ______  □ Watery  □ Thick mucus  □ Green  □ Brown  □ Blood

VOMITING?  □ Yes  □ No  □ Unsure  When did it start and describe how often the vomiting is occurring. Please describe how it looks too. __________________________________________

DIARRHEA?  □ Yes  □ No  □ Unsure  When did it start and describe how often the diarrhea is occurring. Please describe how it looks too. __________________________________________

DESCRIPTION OF THE DIARRHEA?  □ Blood  □ Mucous  □ Hair  □ Grass  □ Plants  □ Dark Colored  □ Watery
□ Soft but formed  □ Soft but not formed (cow pie!)

STRAINING TO DEFECATE?  □ Yes  □ No  □ Unsure  How long? __________

HARD STOOLS?  □ Yes  □ No  □ Unsure  How long? __________
CHANGE IN URINE VOLUME?  □ No  □ More than usual  □ Less than usual  □ Unsure  How long? ______
How often? ____________  How much? ____________

STRAINING TO URINATE?  □ Yes  □ No  □ Unsure  How long? ______  How often? ____  How much? ______

FREQUENT TRIPS TO THE LITTER BOX?  □ Yes  □ No  □ Unsure  How often? ______  How much? ______

USING LITTER BOX?  □ Yes  □ No  Urinating outside box? □ How long? _____  Defecating outside box? □ How long? _____

LITTER BOX INFORMATION?  Brand? ____________  □ Clay  □ Clumping  □ Scented  □ Unscented
How long used? ______  Number of litter boxes? _____  Location of litter boxes? _____  Are liners used? □ Yes  □ No
Are the Litter boxes covered? □ Yes  □ No  How often are litter boxes scooped? ______  Changed completely? ______

STRESS OR CHANGES?  □ Moved  □ New pet  □ New member in household  □ Guests visiting  □ Holidays  □ New work
□ Schedule  □ Owner gone more

ANY OTHER CHANGES NOTICED? _________________________________________________________________
__________________________________________________________

OTHER SERVICES REQUESTED TODAY? ___________________________________________________________
__________________________________________________________

ADDITIONAL QUESTIONS/CONCERNS TO BE ADDRESSED TODAY? ________________________________
__________________________________________________________

THANKS FOR TAKING THE TIME TO TRY AND MAKE MY LIFE AS GOOD AS POSSIBLE,

YOUR LOVING FELINE FRIEND,