the VETS Animal Hospital, PC
1295 Main St #7 (970)686-5025
Windsor, Co 80550 (970)686-5198F

Client:_____ Date:_____

Pets name:_____ Age:_____

Feline Annual Wellness Questionnaire

(Circle yes or no to answer the following questions.)

1.) Does your cat

a.) Go outside?	Yes	No
b.) Catch mice, rabbits, other animals?	Yes	No
c.) Have exposure to outdoor cats?	Yes	No
d.) Live with other cats?	Yes	No
e.) Board at a kennel?	Yes	No
f.) Have contact with prairie dogs?	Yes	No
g.) Travel?	Yes	No

If yes where _____

2.) Is your cat urinating more frequently than usual? Yes No

3.) Does your cat urinate or defecate outside the litter box? Yes No

4.) Have there been any recent changes or stresses in the house from your cat's perspective? Yes No

5.) Have you introduced any new pets in the past year? Yes No

6.) What king of food is your cat eating and how much:

_____

Is your pet acting his or her age?

(Check yes or no to answer the following questions)

Is your cat?	**Yes**	**No**
- Having changes in personality	☐	☐
- Interacting less often with family	☐	☐
- Responding less often or less enthusiastically	☐	☐
- Changing in behavior/activity level	☐	☐
- Having difficulty climbing stairs	☐	☐
- Having difficulty jumping	☐	☐
- Exhibiting signs of increased **s**tiffness or limping	☐	☐
- Drinking more often	☐	☐
- Urinating more often	☐	☐
- Changing eating patterns	☐	☐

Is your cat?	**Yes**	**No**
-Noticeably gaining or losing weight	☐	☐
-Losing house training habits	☐	☐
-Changing sleeping patterns	☐	☐
-Confused or disoriented	☐	☐
-Experiencing changes in hair coat, skin, or new lumps or bumps	☐	☐
-Scratching more often	☐	☐
-Exhibiting bad breath, red swollen gums	☐	☐
- Showing tremors or shaking	☐	☐

- Other: _____

_____