

Elkhorn Animal Hospital  
Feline Questionnaire

Cat's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

How long have you had your cat? \_\_\_\_\_

Does your cat spend time outdoors?  Bathroom only  50/50 Indoor/Outdoor  Outdoor Cat

Does your cat come into contact with other people's cats?  Yes  No

What do you currently feed your cat? (Brand, how much) \_\_\_\_\_

Do you use a flea preventative?  Yes  No If Yes, what type? \_\_\_\_\_

Do you board your cat or have it bathed or groomed outside of your home?  Yes  No

Is there wildlife in your area (such as deer, mice, squirrels, birds, opossums, raccoons, rats or skunks)?  Yes  No

Does your cat drink from water outside (ponds, puddles, water bowls, etc.)?  Yes  No

Has your cat been tested for Feline Leukemia and/or Feline Immunodeficiency Virus?  Yes  No

Has your cat ever been vaccinated for Feline Leukemia virus?  Yes  No

Has your cat ever become ill following vaccinations?  Yes  No

Has your cat had any routine bloodwork in the last two years?  Yes  No

Do you provide any home dental care?  Yes  No

Has your cat ever been hospitalized?  Yes  No If so, for what condition? \_\_\_\_\_

Does your cat have any other health problems?  Yes  No If Yes, please describe \_\_\_\_\_

Is your cat on any medications?  Yes  No If yes, please list name and dosage \_\_\_\_\_

Do you use a hairball removal agent such as laxatone?  Yes  No If Yes, what and how often? \_\_\_\_\_

Are there any specific issues you would like us to address during today's exam? \_\_\_\_\_