



Feline Annual Exam Questionnaire

Owner Name _____ Pet Name _____ Date _____

Is your cat presently on heartworm or flea prevention? Yes or No

If so, which brand? _____ When was the last dose given? _____

Does your pet have exposure to fleas/ticks at home or when you travel? Yes or No

Does your cat go outside? Yes or No

If your cat goes outside is s/he kept in a confined area such as a screened lanai, pool area, or fenced back yard? Yes or No

Do you have any other cats in the household that have free range to roam outside? Yes or No

Does your pet have a microchip? Yes or No or Unsure

If not, would you like one inserted today Yes or No

Does your cat get boarded or groomed? Yes or No

What food are you currently feeding you pet? _____

Please note if you have noticed any of the following on your cat (circle any that apply):

Itching / chewing / scratching / licking For how long? _____

Vomiting / Soft Stool / Diarrhea For how long? _____

Coughing / Sneezing / Gagging For how long? _____

Hair loss on the belly or thighs For how long? _____

Strong odor from mouth / ears / body For how long? _____

Have you noticed any concerning new lumps? Note where they are on your cat's body: