



Cat Pre-Appointment Questionnaire

Dear Client: To make the best use of your time during your appointment and save you time in the office, please fill out the following questionnaire and return by email or print and bring to your appointment. Thank you.

Client Name _____ Phone _____
Your Cat's Name _____ Date of Appointment _____
Previous Veterinary Clinic _____ Phone _____

During your appointment – you can expect:

- Your cat will receive a complete nose to tail examination by the doctor. The doctor will inspect the mouth, teeth and ears, listen to the heart and lungs, feel the lymph nodes and internal organs, examine the skeletal and nervous systems, and evaluate the overall body condition.
- If your cat's age or condition warrants, the doctor may suggest blood work to set a baseline for internal organ function or to rule out certain conditions such as infections, anemia, diabetes, thyroid disease, or kidney disease.
- The doctor will make recommendations about parasite control, disease prevention, age-related issues, diet and general pet care to keep your cat healthy.

If you prefer, we can call your former clinic for vaccine history or you may fill in below. If we already have your pet's records, please answer only the questions appropriate to you.

Your Cat's Vaccine History

- 1 year rabies date given _____
- 3 year rabies date given _____
- FVRCP date given _____
- FeLV date given _____
- Other vaccine? _____
- Last FeLV/FIV test date _____ Test Result _____
- Approximate date last stool specimen check _____

IMPORTANT: Additional Health Questions

- Have you noticed any changes in your cat’s breath or evidence of dental problems?
- Have you ever had your cat’s teeth cleaned? _____
- Does your cat get hairballs? _____
- Will you need to refill your flea/tick prevention at this appointment? Y/N
- Do you use flea/tick prevention on your cat? Y/N What kind? _____
- What diet do you feed your cat? _____ Canned or Dry _____
- Is your cat on any medications? Y/N if so, what?

- Will you need to refill medication at this appointment? Y/N If so, what?
- When was the last time your cat was outside? (Include escapes) _____

What medical problems has your cat had?

Have there been any changes in your cat, whether subtle or new, since your last veterinary visit? Please note any particular concerns you have about your cat, including appetite, water intake, changes in behavior, breathing issues, bad breath or dental, ears (shaking head or scratching), elimination (urine/bowel), limping, lumps/bumps, skin or allergy problems, soreness or tenderness, weight changes or other:

Thank you. We look forward to meeting you and your pet!

Granville Veterinary Clinic
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