

## Senior Pet Clinic Questionnaire – Cat

Pets Name.....

Date.....

Owner's Surname.....

Cats Sex.....

Breed.....

Cat's Age.....

**Please tick any of the following which applies to your cat:**

### **Behaviour**

- |   |  |
|---|--|
| <input type="checkbox"/> Changes in sleeping locations or patterns              | <input type="checkbox"/> Not allowing handling or grooming |
| <input type="checkbox"/> Does your cat exhibit any fearful behaviour            | <input type="checkbox"/> Reducing hearing                  |
| <input type="checkbox"/> Hiding away or not wanting to interact with the family |  |
| <input type="checkbox"/> Reduced vision   | <input type="checkbox"/> Funny turns/collapsing episodes   |
| <input type="checkbox"/> Confusion  | <input type="checkbox"/> Yowling/increased vocalising      |

### **Activity / Mobility**

- |  |   |
|--|---|
| <input type="checkbox"/> Slowing down                    | <input type="checkbox"/> Difficulty jumping pr climbing |
| <input type="checkbox"/> Playing less than usual         | <input type="checkbox"/> Seem stiff or painful          |
| <input type="checkbox"/> Cries when touched or picked up | If yes, what area does the cat react to.....            |

### **Skin & Coat**

- |   |  |
|---|--|
| <input type="checkbox"/> Reduced grooming             | <input type="checkbox"/> Flakey or dry skin              |
| <input type="checkbox"/> New or growing lumps & bumps | <input type="checkbox"/> Scruffy coat or losing more fur |

### **Body Functions**

- |  |   |
|--|---|
| <input type="checkbox"/> Bad Breath                              | <input type="checkbox"/> Dribbling          |
| <input type="checkbox"/> Increased appetite                      | <input type="checkbox"/> Increased drinking |
| <input type="checkbox"/> Urinating more frequently               | <input type="checkbox"/> Difficulty eating  |
| <input type="checkbox"/> Decreased drinking                      | <input type="checkbox"/> Decreased appetite |
| <input type="checkbox"/> More frequent or loose stools/Diarrhoea | <input type="checkbox"/> Constipation       |

⬢ Vomiting or regurgitating

## **General Questions**

What food(s) do you mainly feed you cat?

How many meals do you feed each day?

Do you feed any treats?

If yes, what treats do you feed?

Do you feed any supplements?

Is your cat on any ongoing medication?

If yes, what are these medications?

Does your cat use a litter tray?

If yes, how many litter trays do you have?

Does your cat live in a multiple cat household?

Is your cat up to date with their vaccinations?

Do you use flea and (or) tick preventative?

If yes, what do you use?

How often? Monthly / Every 2 monthly / Every 3 months

Do you use a wormer preventative?

If yes, what do you use

How often? Monthly / Every 2 monthly / Every 3 months

Coughing or change in breathing      YES                      NO

Any other information you feel we should know?

Please bring a fresh urine sample in with you to your appointment. If you think it would be difficult to obtain a urine sample, we can provide a non-absorbent litter for an additional £2.57. This will include a pipette and collection tube.

Please email this back to us at [hello@spirevets.co.uk](mailto:hello@spirevets.co.uk) prior to your appointment.

