



Questionnaire

1311 Marsh Road
Pittsford, NY 14534
(585) 248-9590
www.catsexclusively.com
catsexclusively@gmail.com

My cat's name is

My name is

Do you have any specific concerns about your cat today?

Have you noted any:

Coughing?	When did it start?	How often does it occur?
Sneezing?	When did it start?	How often does it occur?
Vomiting?	When did it start?	How often does it occur?
Diarrhea?	When did it start?	How often does it occur?

Is your cat's activity normal?

Is your cat's appetite normal?

Is your cat's attitude normal?

What diet is your cat on? Please include brands, quantities, treats or supplements.

Is your cat on any medications? Please list how much and how often you are currently giving medicine. (Please bring the medicine bottles to your appointment)

What are your cat's litter box habits like? Is your cat regular? Have you noticed any changes in quantity?

Have you noted any problems with your cat? Please feel free to use the back of the page if you run out of space.