

New Client Questionnaire
FELINE

1: What brand and type of food and treats does your pet eat? _____

2: Does he/she get any table scraps/people food? If so what kind?

3: Does your cat go outdoors? If so is he/she on a leash? How much time is spent outdoors? Does she/he hunt mice and birds? _____

4: When was your cat's last set of vaccinations? What kind? _____

5: Do you have any other pets at home? What kind? _____

6: Has your cat had any previous illness or injury? What kind and how long ago?

7: Does your cat take any medications or nutritional supplements? If so what kind? _____

8: Have there been any changes in your cat's energy level in the past 12 months?

9: Have there been any changes in your cat's eating or drinking habits in the past 12 months? _____

10: Have there been any changes in your cat's urine/feces/litter box behavior in the past 12 months? _____

11: Have there been any other changes in your cat's behavior? _____

12: Do you brush your cat's teeth or use any dental treats or dental food? How often? _____

13: Is there anything else we should know about your pet? _____
