



One Love Animal Hospital

If you love your pet as much as you love yourself, then One Love is the place for you.

FELINE WELLNESS VISIT QUESTIONNAIRE FOR NEW CLIENTS

Date: _____ Your Name: _____
Pet Name: _____ Indoor/Outdoor/Both _____
Age: _____ Sex and Reproductive Status (*Circle one.*): _____
Microchip #: _____ Male Intact; Male Neutered; Female Intact; Female Spayed

HISTORY:

1. Does your pet have a medical condition or allergies? _____
2. When was your pet's last visit to a veterinarian? _____
What was the purpose of this visit? _____
3. Have you noticed any recent problems (behavioral/physical) with your pet? _____
4. Any coughing, sneezing, vomiting or diarrhea within the past 72hrs? ☐ Yes ☐ No
If yes, when did you first notice these symptom(s)? _____
5. In the past 12 months, has your pet had any of the following?
Hospitalizations: _____
Serious illness/injury: _____
Surgeries/Dental/Procedures: _____
Any changes to home/environment: _____
5. Do you have other pets? ☐ Yes ☐ No
How many and what species? _____
Are they currently vaccinated and on heartworm and flea prevention? ☐ Yes ☐ No
6. Are there smokers in your household? ☐ Yes ☐ No
7. Are there any children in your household? ☐ Yes ☐ No If yes, how old are they? _____
8. Do you have any indoor plants or flowers? ☐ Yes ☐ No If yes, what type? _____
9. Does your pet have a profession? (Working dog/Service animal/Athlete/Show animal) _____
10. What type of food do you feed your pet? (Brand Name; Wet/Dry) _____
How much do you feed and how often/day? _____
How would you describe their appetite? _____
11. How would you describe your pet's lifestyle?
☐ *Couch Potato* (Never goes out/Only goes out in a confined yard and does not contact with other animals)
☐ *Couch Potato with Boarding* (Only goes out in a confined yard/Goes to a groomer and/or boarding facility)
☐ *Active Lifestyle* (Goes on daily walks/Attends boarding, daycare, or grooming facilities)
☐ *Active Plus with Boarding* (Same as Active Lifestyle but also runs in fields and woods with exposure to wildlife, and travels outside of the greater New York area.)
12. Does your pet travel with you? ☐ Yes ☐ No If yes, when was your last excursion? _____
Where was this travel? ☐ Within the United States ☐ International (*List where.*) _____
13. Does your pet exercise regularly? ☐ Yes ☐ No
How often does your pet go outside for walks, runs, etc.? _____
14. Is there wildlife in your area, including deer, squirrels, raccoons, birds, or skunks? _____

CURRENT MEDICATIONS (*Use reverse side if necessary.*):

Name of Medication:	Dose (mg/day, ml/day, tablets/day):	Date started/purpose:

1. Do you give heartworm and flea/tick preventative? ☐None ☐Yes, Brand(s) _____
 Date last given? _____
 Have you ever seen any fleas or ticks on your pet? ☐Yes ☐No When? _____
 What treatment was administered? _____
2. Do you give any supplements/vitamins? _____

VACCINATIONS (*Please list date last administered.*):

Rabies: ☐ 1yr ☐ 3yr	FVRCP: ☐ 1yr ☐ 3yr	Feline Leukemia: Other:
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1. Has your pet ever had a reaction after being vaccinated? _____

PARASITE OR VIRAL TESTING (*Please check appropriate box and list date last tested.*):

☐ No testing performed	☐ Fecal Parasites	☐ Heartworm	☐ Feline AIDS (FIV)
☐ Feline Leukemia	☐ Other Testing:		

1. Has your pet ever tested positive for any of these tests? When? _____

OTHER INFORMATION:

Please list any further information or questions concerning your pet's health.

I certify that the above information is correct to the best of my knowledge and that I have not purposefully misrepresented my pet's health history. I will furnish One Love Animal Hospital with a copy of my pet's prior medical records at the time of my appointment. I will not hold any member of One Love Animal Hospital responsible for errors or omissions that I may have made in completing this form.

(Owner's Signature)

(Date)

Please check all that apply to your cat:

BEHAVIOR/NEUROLOGIC

- ☐ My cat is just not acting like himself/herself.
- ☐ My cat interacts less with the family.
- ☐ My cat seems confused or disoriented.
- ☐ My cat has been meowing or whimpering for no apparent reason.
- ☐ My cat's sleeping patterns have changed.
- ☐ My cat has had tremors or episodes of shaking.
- ☐ My cat has displayed circling, head tilts, or repetitive movements.

BODY FUNCTIONS

- ☐ My cat has bad breath and red or swollen gums.
- ☐ My cat has difficulty chewing.
- ☐ My cat's eating habits have changed.
- ☐ My cat has gained/lost weight. (Circle one.)
- ☐ My cat is drinking more than usual.
- ☐ My cat is urinating more frequently than usual.
- ☐ My cat's litter-box habits have changed and he/she sometimes has accidents.
- ☐ My cat's bowel habits have changed (increased frequency, diarrhea, constipation, straining). (Circle all that apply.)
- ☐ My cat vomits more than occasionally.
- ☐ My cat seems to have trouble seeing or hearing.

HEART/LUNGS

- ☐ My cat has been coughing or sneezing.
- ☐ My cat seems to be panting more.
- ☐ My cat tires more rapidly or seems short of breath.

ACTIVITY/ORTHOPEDICS

- ☐ I have noticed a changes in my cat's behavior or activity level.
- ☐ My cat has difficulty jumping to counter/bed.
- ☐ My cat seems limp or seems stiff and has difficulty rising from a resting position.
- ☐ My cat shows signs of pain (hiding, unusually quiet, or vocalizing).

SKIN AND COAT

- ☐ My cat scratches, licks, and chews excessively.
- ☐ My cat has changes in haircoat, skin, or new lumps or bumps.
- ☐ My cat's skin has an odor and/or I have noticed changes in grooming habits.

How old is my cat?

AGE	CAT'S AGE IN HUMAN YEARS	
1	7	
2	13	
3	20	ADULT
4	26	
5	33	
6	40	
7	44	SENIOR
8	48	
9	52	
10	56	
11	60	
12	64	
13	68	GERIATRIC
14	72	
15	76	
16	80	
17	84	
18	88	
19	92	
20	96	
21	100	
22	104	
23	108	
24	112	
25	116	

Circle your cat's age in human years

What foods and treats are you currently feeding your cat? _____

How often? _____

Do you have any specific questions or concerns about your cat? _____

