



One Love Animal Hospital

FELINE ANNUAL WELLNESS VISIT QUESTIONNAIRE

Date: _____

Your Name: _____

Pet Name: _____

HISTORY:

Since your last visit, has your pet experienced any of the following?

Hospitalization or emergency treatment at another facility ☐Yes ☐No

If yes, what is the name of this facility? _____

When did this occur? _____

Was the cause of this emergency care related to your pet's ongoing illness? ☐Yes ☐No

If no, what was the nature of this visit? _____

Was your pet prescribed any medication? ☐Yes ☐No, and is your pet still taking this medication? ☐Yes

☐No. If you answer yes to both of these questions, list the medication under CURRENT MEDICATIONS.

Serious illness/injury ☐Yes ☐No

If yes, list the illness/injury _____

Surgeries/Dentals/Procedures ☐Yes ☐No

If yes, list the procedure _____

Changes to home/environment ☐Yes ☐No. Please describe. _____

Introduction of a new pet(s) to household ☐Yes ☐No

If yes, how many and what species? _____

Are they currently vaccinated and on heartworm and flea prevention? ☐Yes ☐No

Travelled outside of the greater New York area ☐Yes ☐No Where to? _____

For how long? _____ Mode of transportation: ☐Car ☐Plane ☐Other _____

Any coughing, sneezing, vomiting or diarrhea within the past 72hrs? ☐Yes ☐No

If yes, when did you first notice these symptom(s)? _____

Have you noticed any recent problems (behavioral/physical) with your pet? Please describe. _____

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? _____

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 faculties)

☐ *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.)

CURRENT MEDICATIONS (Use reverse side if necessary.):

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

Are you currently administering 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? _____
Do you give your pet any supplements/vitamins? _____

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 any changes to my pet's medical records since my pet's last visit 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?

Circle your
cat's age in
human
years

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	

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

How often? _____

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

