Feline Risk Assessment Questionnaire

Patton Veterinary Hospital is committed to providing quality veterinary care and feline wellness education. We know you, as owners, want to make informed decisions about your cat’s health care and our staff is trained to talk to you about preventative care for felines of all ages. We understand the special role your cat plays in your family and we are dedicated to partnering with you to make healthcare decisions for your cat. By completing the following questionnaire we can help provide personal attention to the unique concerns and needs of your feline friend.

Client Name: ________________________   Pet Name: ____________________   Pet Age: __________

1. How many cats are in your household? _______________

2. When is the last time your cat was outdoors? _______________

3. Does your cat spend more time inside or outside? _______________

4. Has your cat been tested for feline leukemia and FIV (feline AIDS) within the last year? ___________

5. Has your cat ever been in a fight and/or bitten by another cat or animal? _______________

6. What flea & tick preventative is your cat on and when was the last dose applied? __________________

7. How many litter boxes do you have in the household and where are they located throughout your house? ________________________________________________________________________
   How often are they cleaned? ______________________

8. Has your cat had a stool sample tested within the last year to check for worms and parasites? ________

9. Does your cat have a microchip? ______________________

If your cat is 7 years of age or older, please indicate if you have noticed any of the following:

- Difficulty climbing or jumping: yes □ no □
- Avoidance of these activities: yes □ no □
- Stiffness or limping: yes □ no □
- Increased appetite or drinking: yes □ no □
- Decreased appetite or drinking: yes □ no □
- Increased urination: yes □ no □
- Bad breath: yes □ no □
- Changes in activity level: yes □ no □
- Disorientation/circling: yes □ no □
- Problems defecating: yes □ no □
- Vomiting: yes □ no □
- Vision problems: yes □ no □
- Loose stool/diarrhea: yes □ no □
- Lumps or bumps: yes □ no □
- Skin or hair coat changes: yes □ no □
- Weight loss: yes □ no □
- Weight gain: yes □ no □
- Breathing changes/coughing: yes □ no □
- Decreased interaction: yes □ no □
- Difficulty hearing: yes □ no □