

Senior Cat Questionnaire

Please complete the following questionnaire before your cat's appointment.

Date _____ Cat's Name _____

Owners name _____

Age _____ Breed _____

Sex: Male Female.

Time in owner's possession? _____

Other cats? Yes No How many? _____

Any problems? _____

Please tick (✓) all that apply to your cat:

Behaviour

- Is not himself/herself.
- Is not seeking as much attention and interacts less with the family.
- Sleeping patterns have changed.
- Objects to being handled and or has become aggressive.
- House training habits have changed, sometimes has accidents.
- Hearing loss and / or poor vision. (circle all that apply)

Body Functions

- Bad breath, red swollen gums, dribbles (circle all that apply).
- Difficulty chewing.
- Eating habits have changed. (More or less?)
- Gained /lost weight (circle one).
- Drinking more than usual.
- Urinating more frequently and/ or straining to urinate.
- Vomiting, diarrhoea, constipation, straining (circle all that apply).

Activity

- Change in behaviour or activity. (more vocal?)
- No longer wants to play.
- Difficulty jumping.
- Seems stiff and painful.
- Difficulty negotiating the litter tray.
- Resents being picked up.

Skin and coat

- Does not groom him/herself as well.
- Changes in coat or skin.
- Skin is flaky and /or coat is scruffy.
- New lumps or bumps.

Body

- Coughing.
- Breathing is rapid or shallow.
- Tires rapidly or seems short of breath.
- Eyes- colour change, cloudy, weepy (circle all that apply).

Diet information;

What foods and treats do you currently feed your cat?

How often and how much?

Any questions or comments? P.T.O if needed.

Veterinary comments: