

## Feline Medical History Questionnaire

Thank you for choosing Gulfshore Animal Hospital's exceptional veterinary care for your pet. So that we may get to know your pet better prior to your appointment with one of our doctors, please complete our following Medical History Questionnaire.

Your Name: \_\_\_\_\_

Your Pet's Name: \_\_\_\_\_ Nickname? \_\_\_\_\_

### Your Pet's Diet:

Dry Brand(s): \_\_\_\_\_

How Much? \_\_\_\_\_ Cups

How Often? \_\_\_\_\_ times daily

Canned/Moist Brand(s): \_\_\_\_\_

How Much? \_\_\_\_\_ Can/Package

How Often? \_\_\_\_\_ Times Daily

Fresh/Frozen Brands(s): \_\_\_\_\_

How Much? \_\_\_\_\_ (circle one) Tablespoons/Package/Inches

How Often? \_\_\_\_\_ Times Daily

Treat Brands(s): \_\_\_\_\_

How Many? \_\_\_\_\_

How Often? \_\_\_\_\_ Times Daily

### Your Pet's Home (Check any that apply):

\_\_\_\_ Number of years in your household.

\_\_\_\_ Total number of cats in household. \_\_\_\_ Total number of dogs in household

\_\_\_\_ Indoors only: (circle any) Balcony/Lanai

\_\_\_\_ Indoors and outdoors: (circle one) Inside/Outside at night.

\_\_\_\_ Scratch post: (circle any) Carpet/Cardboard/Bark/Wood

\_\_\_\_ Number of litter boxes: (circle one) Scented/Unscented/Scoopable/Coarse Gravel-like/Pine/ Paper

Cat Toys: \_\_\_\_\_

### Your Pet's Hygiene (Check any that apply):

\_\_\_\_ Bathes \_\_\_\_\_ times per \_\_\_\_\_ with (Brand) \_\_\_\_\_ (shampoo)

\_\_\_\_ Professionally groomed every \_\_\_\_\_ weeks

### Your Pet's Current Medications:

1. \_\_\_\_\_ (circle)mg or mg/ml \_\_\_\_\_ tablet/capsule/ml \_\_\_\_\_ times daily

2. \_\_\_\_\_ (circle)mg or mg/ml \_\_\_\_\_ tablet/capsule/ml \_\_\_\_\_ times daily

3. \_\_\_\_\_ (circle)mg or mg/ml \_\_\_\_\_ tablet/capsule/ml \_\_\_\_\_ times daily

4. \_\_\_\_\_ (circle)mg or mg/ml \_\_\_\_\_ tablet/capsule/ml \_\_\_\_\_ times daily

5. \_\_\_\_\_

### Your Pet's Past or Current Medical Problems:

1. \_\_\_\_\_ (circle)ongoing or past \_\_\_\_\_ times per year

How was it treated: \_\_\_\_\_

2. \_\_\_\_\_ (circle)ongoing or past \_\_\_\_\_ times per year

How was it treated: \_\_\_\_\_

3. \_\_\_\_\_ (circle)ongoing or past \_\_\_\_\_ times per year

How was it treated: \_\_\_\_\_

4. \_\_\_\_\_ (circle)ongoing or past \_\_\_\_\_ times per year

How was it treated: \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_