**Feline Pre-appointment Questions**

 **please complete the form 24 hours prior to your appointment and email it back to the office. Thank you**

**Client and pet name**

**Do you have any concerns today?**

**Does your pet have a Microchip? yes or no**

**Is your pet currently taking medications? If yes please list all medication, dosing and frequency.**

**Any adverse reaction to any medications or vaccinations?**

**What are you currently feeding your cat? (brand, wet vs dry, and amount)**

**Does your cat spend time outside? If yes how much?**

**Do you use a monthly antiparastic medication?If yes please specify (ex: Revolution, Advantage multi)**

**Do you do any home dental care? If so specify**

**Do you plan on adopting or obtaining an additional cat in the next 6 months?Yes or No, if yes please describe**

**Do you provide care or feeding cats that you don't own?Yes or No**

**Does your pet have a history of chronic illness ? If so, please specify, Heart Disease, Dental Disease, etc**

**Does your cat bring home prey (examples: birds, mice or bugs) it catches?  Yes or No, if yes please describe**

**Does your pet have pet insurance? If yes please specify the company?**