

Date _____

Client # (Office Use Only) _____

Client name _____ Patient name _____ Age _____

Pre-Exam Questionnaire

Please provide current address: _____

Would you like to provide an email for reminders, etc. (in-house use only)? Yes No

If so, please provide email for us here _____

Do you have a mobile number to receive text messages for reminders, etc. (in-house use only)? Yes No

If so, please provide mobile number here _____

Who is your pet insurance provider? _____

When was the last time your cat was outside? _____

Does your cat have access to a porch, deck, or yard? _____

Are you currently using a flea preventative? (Circle one) Yes No If yes, which product? _____

Are you currently using a heartworm preventative? (Circle one) Yes No

If yes, which product? (Circle one) Revolution Revolt Advantage-Multi Heartgard Other _____

Would you like the doctor to apply a dose of Revolt (Generic Revolution) today? (Circle one) Yes No (Cost \$15.33 - \$18.02)

(Revolt is a topical preventive for fleas, heartworms, roundworms, hookworms, lice, and ear mites)

Does your cat have any of the following: (**Circle one for each**)

Trouble Breathing (**ALERT STAFF**) Yes For how long? No Active bleeding (**ALERT STAFF**) Yes No

Coughing Yes For how long? No Constipation Yes No

Sneezing Yes For how long? No Bad breath Yes No

Vomiting Yes For how long? No Stiffness/Trouble jumping Yes For how long? No

Diarrhea Yes For how long? No Litter box issues Yes For how long? No

What is your cat's current diet: Hairballs Yes No

Brand? _____ Flavor? _____

Canned Food Yes No Dry Food Yes No Other _____

Amount and frequency given? _____

Are there any issues/concerns you want the doctor to address? _____
