



## Senior Pet Clinic Questionnaire- Cat

Pets Name ..... Clients Surname.....

Owners Surname..... Cats Age.....

**Please tick any of the following that you have noticed in your cat.**

### BEHAVIOUR

- Changes in sleeping location or pattern
- Increase in toileting accidents
- Disinterested in interacting with the family
- Reduced vision
- Reduced hearing
- Confusion
- Not allowing handling or grooming
- Yowling or increased vocalising

### BODILY FUNCTIONS

- Bad Breath
- Dribbling
- Increase in drinking
- Increase in eating
- Increase in urinating
- Constipation
- General smell to fur
- Difficulty eating
- Decrease in appetite
- Decrease in drinking
- Vomiting or regurgitation

### ACTIVITY/MOBILITY

- Slowing down
- Playing less than usual
- Difficult jumping or climbing the stairs
- Seemingly stiff when getting up or pained when touched
- Not eating for as long as they used to at meal times



SKIN AND COAT

- Reduced grooming
- Flaky or dry skin
- New or growing lumps and bumps
- Scruffy coat or losing more fur than normal

DIET AND MEDICINE

What do you currently feed you cat?

Wet/dry/brand/flavour.....  
.....

What treats or extras does your cat

have?.....

Are they on any supplements or medication? If so

what.....

**For nurse completion only**

Weight

Temperature

Pulse

Respiration

CRT

Dental notes

Comments on eyes

Nail Check and Clip

Vaccination status

Weight

Comments on:

Behaviour



Body functions

Activity/Mobility

Skin and Coat

Miscellaneous