



Welcome to the Cat Doctor of Dover

Your Cat, Our Commitment

Health Questionnaire

Owner's Name: _____ Date Submitted: _____

Cat's Name: _____

Reason for this visit:

List all current medications and supplements (include dose, frequency):

List the diet you are currently feeding your cat (include brand, dry versus wet, flavor, volume of food):

List any previous or chronic illnesses or injuries:

Is your cat eating and drinking normally?

Is your cat urinating and defecating as they normally do; any litterbox issues)?

Any vomiting or diarrhea?

Any coughing, sneezing, or discharge from eyes or nose?

Any itching, scratching, or hair loss?

Any new lumps or rashes?

Any problems with mobility, jumping up or down, hesitating to jump, bunny hopping gait?

Any problems with your cat's general behavior or energy level?

Any other symptoms or notes you think may be relevant?

After filling out digitally, click submit at the bottom of the page and it will be emailed directly to us. You may also print and fax it back to us at: 603-742-1771 OR send via US mail using the following address: 187 Watson Rd. Dover, NH 03820

Please feel free to contact the office with any other questions you may have at:
603-742-6369