

The  
Cat Doctor  
of Dover



# Welcome to the Cat Doctor of Dover

*Your Cat, Our Commitment*

## Health Questionnaire

Please fill out as much as possible. Then save and email your form to [info@catdoctordover.com](mailto:info@catdoctordover.com)

*If your cat is experiencing a medical emergency, seek immediate care by calling us or a 24-hour emergency clinic.*

\_\_\_\_\_  
Your (owner's) NAME

\_\_\_\_\_  
Telephone number:

\_\_\_\_\_  
Alt. telephone:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Date Submitted:

\_\_\_\_\_  
Your CAT'S NAME:

Your CHIEF COMPLAINT OR REASON for visit:

Briefly summarize why you are seeking veterinary assistance for your pet today.

Describe any COUGHING, SNEEZING or NASAL SYMPTOMS your cat is experiencing:

When did it start? How frequent? Describe the cough (e.g. dry/hacking, productive/wet, high-pitch, wheezing). Any nasal discharge? Type N/A if none.

Describe any VOMITING your cat is experiencing:

When did it start? How frequent? What does the vomit look like (e.g. undigested food, fluid, foam, bile, blood...)? Could your cat have eaten something inappropriate (table food, toys, trash, plants...)? Type N/A if none.

Describe any DIARRHEA your cat is experiencing:

When did it start? How frequent? Describe consistency (e.g. soft but formed, watery, blood-tinged, mucous...). Is your pet able to make it to the litter box, or are there episodes of diarrhea outside of the box? Type N/A if none.

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**Any change in FOOD or WATER INTAKE/APPETITE?**

If yes, describe the change. When did it start? Type N/A if no irregular food or water intake/appetite symptoms.

**Is your cat URINATING and DEFECATING as he/she normally does?**

If not, has urine production increased or decreased? Is there any straining or licking of the penis/vulva? Is there any new urination or defecation outside the litter box? Is the odor stronger than normal? Type N/A if normal.

Have you noticed any problems with MOBILITY (walking, stiffness, lameness, reluctance to jump or climb stairs, etc.?) Type N/A if normal.

Have you noticed any new LUMPS, BUMPS, ITCHING/SCRATCHING, HAIR LOSS? Type N/A if normal.

**Describe the patient's GENERAL ATTITUDE/BEHAVIOR/ENERGY LEVEL:**

Is your cat hiding more than usual? Acting clingy? Acting irritable or lethargic? Any other unusual attitude or energy symptoms? Type N/A if normal.

Describe ANY OTHER SYMPTOMS or NOTES you think might be relevant.

Please save this form with your replies, then send it as an email attachment to [info@catdoctordover.com](mailto:info@catdoctordover.com).  
You may also fax the completed form to 603-742-1771

*We look forward to assisting you and your cat!*