

ID:

Date:

## QUESTIONNAIRE FOR CAT OWNER (SIGNALMENT AND HISTORICAL DATA)

Name of owner:

Name of cat:

Address:

Sex: Male intact € Male neutered €  
Female intact € Female neutered €

Veterinarian:

Breed:

Vet clinic:

Age:

Telephone number :

Body weight (kg):

### 1. Living conditions

Indoors €

Outdoors €

### 2. Living area

Urban €

Rural €

### 3. Current ownership

Client-owned €

Stray €

Cattery €

### 4. Travel history during the last year

Yes €

No €

I do not know €

- If yes, where; .....

### 5. Cat acquisition

Stray €

Non-stray €

### 6. Contact with other cats

Yes €

No €

I do not know €

- If yes, with how many?

### 7. History of cat-fight trauma

Yes €

No €

I do not know €

### 8. Vaccinations

Panleukopenia €

Calicivirus €

Herpesvirus €

Chlamydia €

Rabies €

Bordetella €

FIP €

FeLV €

- Fully vaccinated € Partially vaccinated € Unvaccinated € I do not know €

### 9. Use of ectoparasiticides

Regular use €

Intermittent use €

Non-use €

I do not know €

### 10. Have you ever noticed flea infestation?

Yes €

No €

I do not know €

### 11. Have you ever noticed tick infestation?

Yes €

No €

I do not know €

**12. Diet**

Canned food €

Dry food €

Home cooked diet €

Raw meat €

**13. Appetite during the last three weeks**

Increased €

Decreased €

Normal €

I do not know €

**14. Weight loss during the last three weeks**

Yes €

No €

I do not know €

**15. Is your cat currently healthy?**

Yes €

No €

**PRIOR MEDICAL PROBLEMS**

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(Free text response)

**CHIEF PRESENTING COMPLAINT**

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- Disease onset-acute or gradual
- progression and duration
- intervening signs
- present health status: weight loss or weight gain, attitude, activity level, appetite status, urination and defecation characteristics, amounts of water intake

**PREVIOUS TREATMENTS**

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(Free text response)