

Senior Health Check Questionnaire

CAT: _____ **OWNER:** _____

1. Since we have last seen your cat do you think that they are/their (please circle appropriate)
 - a. Less active (sleeping more, playing less)?
 - b. Activity levels have stayed the same?
 - c. More active?

Please give details.....
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2. Since we have last seen your cat do you think that their appetite has (please circle appropriate)
 - a. Decreased?
 - b. Increased?
 - c. Stayed the same?

Please give details.....
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3. Since we have last seen you cat has their thirst/water intake (please circle appropriate)
 - a. Decreased?
 - b. Increased?
 - c. Stayed the Same?

What diet and how much per day do you feed your cat?.....
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4. Since we have last seen your cat do you think that they: (please circle appropriate)
 - a. Have lost weight/condition?
 - b. Are the same weight/condition?
 - c. Have gained weight/condition?

Please give details.....
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5. Since we last saw your cat, have any of their normal toileting behaviours changed e.g. used to go outside but now uses litter tray, having accidents indoors, etc? YES / NO (please circle)

Please give details.....
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6. Have you noticed any of the following? (please circle appropriate)
 - a. Smelly breath?
 - b. Increased salivation?
 - c. Pawing at mouth?
 - d. Reluctance to eat?

Please give details.....
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7. Is your cat still able to climb and jump on and of furniture, window sills, fences, trees etc? YES / NO (please circle)

Please give details.....
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8. Does your cat exhibit out any of the following behaviours?

- a. Meowing / yowling at night?
- b. Asking for food after they have been fed?
- c. Seeming lost or disorientated?

Please give details.....
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Any other comments?

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