

FELINE QUESTIONNAIRE

PET NAME _____

LAST NAME _____

DATE _____

Please complete this questionnaire as it will help us help you decide what health procedures will best benefit you and your pet.

MICROCHIP

Does your pet have a microchip? Yes No
 Would you be interested in having a microchip for your pet? *Circle n/a if your pet already has one.* Yes No Maybe N/A

Because accidents happen and your pet stands almost a 1 in 3 chance of getting lost, we very strongly recommend that ALL pets, even indoor pets, have a microchip. It can save their lives! For more information about microchips see the link on our website on the Forms & Info page or ask us during your visit.

DIET

Does your pet have any special nutritional needs? _____
 What does your pet eat (brand and type)? _____
 How do you feed your pet (how much and how often)? _____
 What type of treats does your pet get, when do you give them and how much? _____
 Does your pet get any other foods? What, when, and how much? _____
 Do you consider your pet: Overweight? Normal weight? Underweight?

ENVIRONMENT

Does your pet go outside to urinate/defecate? Yes No
 What percent time does your pet spend: Indoors_____? Outdoors_____?
 Is your yard fenced-in? Yes No
 When your pet is outside, where does it go (circle all that apply)?
 Stays in yard loose Stays in yard on chain, rope, etc. Stays in kennel, pen, cage, etc. Leash walks Roams neighborhood Roams woods near the house Other: _____

INFECTIOUS DISEASE, VACCINATION, & RISK FACTORS

To keep from over-vaccinating your pet, we follow the recommendations of the American Association of Feline Practitioners. This means that instead of giving rabies, feline herpesvirus (rhinotracheitis)/calicivirus, and panleukopenia (feline distemper, also called feline parvo) on a yearly basis, they are given instead on a three-year rotating cycle. All other vaccines are given only on an as needed basis. We will help you decide how best to provide your pet with protection against infectious disease without giving too much.

Does your pet spend time outdoors at all? Yes No
 Does your pet have access to an unprotected (not screened-in or glassed-in) deck/patio/porch? Yes No
 Is your pet supposed be strictly indoors, but sometimes slips outside against your intentions? Yes No
 Does your pet belong to part of a breeding or rescue colony? Yes No
 Will any new cats be brought into environment? Yes No

All new cats brought into a feline leukemia/FIV-free environment should be tested for feline leukemia and FIV, quarantined for six weeks, and then tested again at the end of the quarantine period. From Consultations in Feline Internal Medicine, 3rd Edition, John August, DVM, DACVIM (Internal Medicine).

If you answered yes to any of these questions, then your pet needs to be vaccinated for Feline Leukemia.

Does your pet spend time outdoors unattended? Yes No
 Does your pet bring home prey that he/she has hunted and caught? Yes No
 Does your pet leave your property? Yes No
 Do you have other cats coming onto your property? Yes No
 Does your pet fight with other cats? Yes No
 Is your pet still intact (not neutered or spayed)? Yes No

If you answered yes to any of these questions, then your pet needs to be tested for Feline Leukemia & FIV annually. Additionally, your pet needs to be vaccinated for Feline Immunodeficiency Virus (FIV); note—this vaccine should only be given to cats after they have had a microchip implanted.

HEARTWORM PREVENTION

Does your pet get a heartworm/intestinal parasite preventive medication monthly? Yes No
Have any doses been missed? Yes No
Which heartworm/intestinal parasite preventive medication do you give? _____
When was the last time you gave it? _____

Cats are not routinely tested for heartworms the way dogs are because testing in cats is associated with many false negatives. However, all cats should be on heartworm preventive medication all year long. Studies have repeatedly shown that heartworm disease in cats occurs equally in indoor cats and outdoor cats with a rate of infection of about 1 in 10 which is very significant.

FLEA & TICK PREVENTION

Does your pet get a flea/tick preventive medication monthly? Yes No
Have any doses been missed? Yes No
Which flea/tick medication do you give? _____
When was the last time you gave it? _____
Would you rate your pet's risk of exposure to fleas as: None? Low? Med.? High?
Have you found fleas on your pet or in the house in the last year? Yes No
Would you rate your pet's risk of exposure to ticks as: None? Low? Med.? High?
Have you found ticks on your pet or in the house in the last year? Yes No

Flea-and-tick medications should be used whether you are seeing fleas or not; if you wait until you see fleas, you have waited far too long. Prevention is much less expensive and much less complicated than waiting for the problem to start before intervening.

INTESTINAL PARASITES

Does your pet interact with any other species of animals (please list)? _____ Yes No
(Excluding other dogs, cats, and humans)

Because many parasites of animals are infectious to humans, all pets, even completely indoor pets, should be tested for intestinal parasites at least once yearly, more often if needed. Similarly, all pets should be on a regular deworming schedule for intestinal parasites which can easily be accomplished with the better heartworm preventive medications.

LABORATORY HEALTH PROFILES

How long has it been since your pet had a Complete Blood Count (CBC) & Chemistry Profile? _____
Was it normal? Yes No N/A

Because external physical examination does not show us everything going on inside your pet, because your pet can't tell us how they feel, and because symptoms of disease are not always readily apparent, especially in the early stages, your pet needs regular blood work checkups in addition to the physical examination—just like your own medical doctor recommends for you as part of your own regular physical examination. The following is the profile recommended for each age group.

Junior profile	3 to 8 years	Every 2 years	Senior profile	>10 years	Every year
Junior profile	8 to 10 years	Every year	Senior profile	>14 years	Every 6 months

These are the basic health care procedures your pet needs regularly to help stay healthy. Everything included here is important. While you may choose to either accept or not to accept our recommendations, please understand that we consider none of these recommendations "optional." Remember, our policy at *Friendship Springs Veterinary Care* is to recommend only those things that we believe your pet needs and to recommend no more than we believe your pet needs. If you have any questions about the above recommendations, please let us know and we will be happy to discuss them with you. Signing below does not indicate acceptance or non-acceptance of these recommendations; it merely indicates that you have completed this questionnaire to the best of your knowledge.

Signature _____ Print Name: _____ Date: _____