

SENIOR CAT QUESTIONNAIRE

As your cat is now into the senior years we would like you to take a few minutes to fill in this questionnaire and bring it with you to the vaccination check up now due.

Geriatric years for a cat are usually defined as 10 years of age or older.

DOES YOUR CAT.....

1. exhibit any signs of discomfort rising, walking or jumping or have an a limp?

2. have significant increase or decrease in appetite?

3. ever have diarrhea, constipation or vomiting?

4. drink * or urinate more than usual ; or urinate in inappropriate places?

5. have bad breath, difficulty eating, or bleeding or drooling from the mouth?

6. seem to have eye or eyesight problems?

7. have trouble keeping grooming "up to date": unkempt coat; overgrown nails?

8. had any change in behavior:more affectionate; sleeping more; hiding away more; less responsive to the family?

9. have any skin changes including hair loss; lumps in or under the skin; itchy areas or lumps that bleed; or sores or scabs on the skin?

10. appear to have put on or lost weight in the last 12 months? How much? _____

Please bring a sample of your cats urine with you in a container. This can be kept in the fridge if collected up to the day before you visit us. Please note this urine test is included in the cost of the vaccination.

**if increased please phone for instruction on how to do a 24 hour water intake assessment.*