



Woody Dudley D.V.M  
 Mitchell Hammock Pet Hospital  
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**Feline Medicine Questionnaire-**

Name \_\_\_\_\_ Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

How many cats do you have? \_\_\_\_\_

What percentage of the time are the cats inside? \_\_\_\_\_

What type of litter do you use? \_\_\_\_\_

How many litter boxes are there? \_\_\_\_\_

How often do you change the litter box? \_\_\_\_\_

If you have more than 1 cat, do they eat out of the same bowls? \_\_\_yes \_\_\_no

Does your cat(s) every miss the litter box? \_\_\_yes \_\_\_no

What diet do you feed your cat(s)? \_\_\_\_\_

Do you feed treats? \_\_\_yes \_\_\_no If so, what kind? \_\_\_\_\_

Does your cat like to chew on nonfood items? \_\_\_yes \_\_\_no. If so, describe

How does your cat's hair coat look? \_\_\_good \_\_\_bad hair day \_\_\_poor

How is your cat's back muscles? \_\_\_smooth \_\_\_some muscle loss \_\_\_boney

How is your cat's weight trending over the last year? \_\_\_getting heavier \_\_\_about the same  
 \_\_\_losing weight

How often does your cat vomit? \_\_\_\_\_

How many hours per day does your cat sleep? \_\_\_\_\_

Has your cat had any anxiety concerns arriving at an Animal Hospital in the past including the car ride or being handled? \_\_\_yes \_\_\_no If yes please explain,

\_\_\_\_\_

Feel free to share any concerns you have:

\_\_\_\_\_

Has your feline pet been diagnosed by a Veterinarian with medical conditions in the past? If so please list:

\_\_\_\_\_

\_\_\_\_\_

List any medications that your kitty is taking at this time:

\_\_\_\_\_

\_\_\_\_\_



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