



2073 Western Avenue  
Guilderland, NY 12084  
(518) 869-5779

# Patient Questionnaire Sheet

AVIMARK \_\_\_\_\_

**In an effort to have the most up-to-date and accurate information regarding you and your cat, please provide the following below:**

Owners' Name: \_\_\_\_\_ Cats' Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #'s (H): \_\_\_\_\_

(W): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (C): \_\_\_\_\_

Today's date and reason for visit: \_\_\_\_\_

Does your cat go outside at all? (*please circle one*)      Yes      No

If your cat goes outside, is it supervised?                      Yes      No

If you have any other animals in the home, please list the type (*i.e: dog, cat*) and the # of each.

\_\_\_\_\_

If this cat is a new member or your household, how did you acquire him/her?

\_\_\_\_\_

Since your last visit at Just Cats, has there been any (*please circle yes, no or N/A*):

Vomiting	Y	N	N/A
Diarrhea	Y	N	N/A
Sneezing	Y	N	N/A
Coughing	Y	N	N/A
Weight Loss	Y	N	N/A
Increased Thirst	Y	N	N/A
Increased Urination	Y	N	N/A
Decreased/Picky Appetite	Y	N	N/A

What diet do you feed this cat? (*please give brand, amounts and advise if canned or dry food*)

\_\_\_\_\_

Is your cat on any medications?    Y or N

**\*\*If yes, please list name and dose of each medication**

\_\_\_\_\_

Are refills needed on any of the above today? (*please list*)

\_\_\_\_\_

Do you have any additional concerns or questions for the vet today?

\_\_\_\_\_