



FELINE WELLNESS CENTER

6955 McGINNIS FERRY RD #104

JOHNS CREEK, GA 30097

678-786-CATS (2287)

INFO@FELINEWELLNESSCENTER.COM

WWW.FELINEWELLNESSCENTER.COM

EXAMINATION QUESTIONNAIRE: *please fill out and return to FWC prior to appointment

Reason for visit: _____

Diet: Dry Brand _____ Amt. Per Day _____

Canned Brand _____ Amt. Per Day _____

Appetite: Normal Increased Decreased

Water intake: Normal Increased Decreased

Urine: Normal Increased Decreased Outside the Box
 Straining Blood Other _____

Stool: Normal Increased Decreased Outside the Box
 Straining Blood Other _____

Lifestyle: Indoor _____ % Outdoor _____ %

Other pets in house? Yes _____
 No

Flea prevention? Yes (Brand _____ Date last dose _____)
 No

Tick prevention? Yes (Brand _____ Date last dose _____)
 No

Heartworm/parasite prevention?
 Yes (Brand _____ , Date last dose _____)
 No

Vomiting /Nausea? Yes How often? _____ Food? Water? Mucus? Hairball?
 No Other _____

Diarrhea? Yes How often? _____ Soft Puddle Watery Mucus Blood
 No Other _____

Coughing? Yes How often? _____ Dry? Productive?
 No Other _____

Sneezing? Yes How often? _____
 No

Nasal discharge? Yes Right side Left side Clear Green/Yellow Blood
 No Other _____

Any other concerns? (Skin, lumps, bumps, lameness, etc.) Yes (please list below) No

Current meds/supplements? Yes (please list below) No

| MEDICATION/SUPPLEMENT | DOSE | FREQUENCY | LAST DOSE |
|-----------------------|------|-----------|-----------|
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THANK YOU!