



For the Love of Cats Veterinary Clinic
1450 10th Street S.W.
Loveland, CO 80537
(970) 669-0815

Office Call Visit Questionnaire

Owner's Name: _____

Date: _____

Patient's Name: _____

Phone # where you can be reached during the appt: _____

Please describe the primary reason for your cat's visit today: Onset: ☐ Sudden ☐ Gradual

When did you first notice this concern?

Has the problem improved, worsened, or remained the same since you first noticed it?

What other symptoms is your cat exhibiting?

What is your cat's current lifestyle? (Strictly indoors/outdoors with supervision/allowed to roam/etc)

How are your cat's eating & drinking habits?

Any vomiting? (If yes, please give details of frequency & appearance)

What food is your cat currently eating? Brand of canned food/dry food? Treats? Other foods?

Any coughing or sneezing? If yes, describe the discharge:

How is your cat's energy/activity level?

How are your cat's litterbox habits? Urine/stools normal? (If no, please give details of appearance & frequency)

Would you like your cat's nails trimmed today? ☐ YES ☐ NO

Please list any medications/supplements your cat is currently taking & when they were last administered:
