

Kentwood Cat Clinic
3215 Breton Rd SE
Kentwood MI 49512
616-241-6369



Cat Clinic North
2665 Five Mile Rd NE
Grand Rapids MI 49525
616-364-1211

Health questionnaire for your cat – please fill out and bring to your cat’s appointment

Cat name: _____

What types and amounts of food does your cat eat: Canned: _____ Dry: _____

When did your cat receive its last dose of heartworm preventative?

Date: _____ (circle one) Revolution / Advantage Multi / Heartgard

What other medications is your cat receiving? _____

Any medication allergies or vaccine reactions? _____

Does your cat go outside? (circle one)

No, never Sneaks out occasionally Outside supervised In and out

What concerns with your cat can we help you with today? _____

Any litter box issues and if so, what are you seeing? _____

Any behavioral issues such as biting, scratching, fighting between other animals or people in the household? _____

Is your cat having any difficulty with stairs, jumping, or being less active? Yes No

Any changes in amounts of water or food consumed? Yes No

Any changes in urine or stool – amount or frequency? _____

Other concerns? _____

Current contact information: Your name: _____

home phone: _____ Cell phone: _____

work phone: _____ e-mail: _____

What is the best way to contact you with information regarding your cat: phone / e-mail / text

Signature: _____ Date: _____