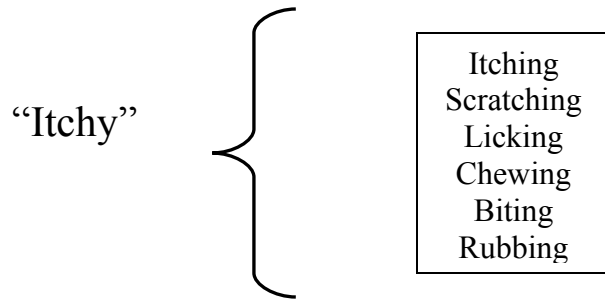


FELINE QUESTIONNAIRE

If you do not know the answer to a question or do not understand the question please
leave the answer blank DO NOT guess

IMPORTANT:

Our definition of “Itchy” includes the following terms:



ALSO:

Ears and paws are a common target for allergies. Some cats may have a history of ear infections before paws or other areas of skin become involved.

When we ask you a question relating to your cats “skin” please include paws and ears in your consideration to your answer.



ALLERGY QUESTIONNAIRE

A) GENERAL

Owner Name:

Phone:

Clients Name:

Email:

Pets Name:

Breed:

Age:

Sex:

- 1.) Age or Date when you Acquired Pet:
- 2.) Has the cat moved Residence: Yes No
If YES when:
If YES was it: Local From Another Province International
From: _____ to: _____
- 3.) Any other pets in household: Yes No
If YES please list:
- 4.) Any negative interactions with other animals (inside or outside) Yes No
- 5.) Any other pets or people with skin problems: Yes No
If YES please describe:
- 6.) Cats normal temperament-describe:

B) SYMPTOMS

- 1.) Describe problem:
- 2.) Approximate Date when problem FIRST started:
- 3.) If problem continuous for over a year, did it start off as seasonal: Yes No
When: _____
- 4.) Are Symptoms getting worse: Yes No
- 5.) When did it start to get worse: _____
- 6.) Where problem started- check all that apply:
Face Eyes Ears Neck Back
Tail Rump Armpits Front Legs Back legs
Thighs Front Paws Back Paws Chest Abdomen
Groin Nails
- 7.) What did the problem look like *initially*:
Normal Skin, just "itch" Pimples Draining wounds
Hair Loss Redness
Rash Scabs/Crusts
- 9.) Has problem spread: Yes No
If so when/where: _____

C) ENVIRONMENT

- 1.) Percent of time spent...
Indoors: _____ %
Outdoors: _____ %

E) RESPIRATORY SYMPTOMS

1.) Cough Sneezing Runny eyes Laboured breathing

F) G.I.T.

1.) Has your pet received treatment for stomach or intestinal problems/upsets:

Yes No

2.) Does your pet have or had any of the following:

Vomiting Diarrhea (loose/runny stool)

3.) Number of bowel movements your pet has per day:

1 2 3 4 5 6

G) DRUG HISTORY (check all that apply)

When Did it help? When was it stopped?

Antihistamines (ie: Benadryl...)

Yes No

Cortisone (ie: prednisone, VanectylP)

Yes No

Cortisone Injections

Yes No

Atopica/Neoral (Cyclosporine)

Yes No

Antibiotics

Yes No

-what kind=

Shampoo

Yes No

-what kind=

Yes No

Flea Control

-what kind=

Yes No

Ear Meds

-what kind=

Yes No

Eye Meds

-what kind=

Yes No

Topical Meds

-what kind=

Yes No

Were there any adverse reactions to any of the above? Yes No

If yes, what were the symptoms?

Vomiting

Diarrhea

Skin got worse Severe Itching

Other

H) FOOD HISTORY

- 1.) List *pet foods* from most current to oldest
(bring ingredient label or write down on separate sheet first 5 ingredients)
1. How long has it been fed for?
 2. How long has it been fed for?
 3. How long has it been fed for?
 4. How long has it been fed for?
 5. How long has it been fed for?
- If there's more than 5 diets please list them on separate sheet.
- 2.) *Treats*, list from most current to oldest (cookies, biscuits, chews, snacks etc)
(bring ingredient label or write down on separate sheet first 5 ingredients)
1. How often is it given?
 2. How often is it given?
 3. How often is it given?
 4. How often is it given?
 5. How often is it given?
- If there's more than 5 please list them on separate sheet.
- 3.) *Human Food*, list foods from most current to oldest
(bring ingredient label or write down on separate sheet first 5 ingredients)
1. How often is it given?
 2. How often is it given?
 3. How often is it given?
 4. How often is it given?
 5. How often is it given?
- If there's more than 5 please list them on separate sheet.
- 4.) When you changed diets/treats did you notice your pet getting better?
Yes No
Explain:
- 5.) When you changed diets/treats did you notice your pet getting worse?
Ear problems, skin problems, itching
Yes No
Explain:
OR
- 6.) No difference when you switch foods/treats
- 7.) Will your cat eat canned or wet foods? Yes No