



Lakeview Veterinary Clinic, Inc.
"Quality Veterinary Care Serving Montgomery, Willis, and Conroe, Texas"
17156 F.M. West 1097, Suite #12; Montgomery, TX 77356
Phone: (936) 597-6039 Fax: (936) 597-6041

FELINE PRE-EXAM QUESTIONNAIRE

Please complete the information below so we can keep our records up-to-date.

Your name _____ Date _____ Cat's name _____ Age ____ Weight ____lbs.

If your contact information has changed since your last visit, please provide new information.

Street Address, City, State, Zip

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Home phone

()

Work phone

()

Cell phone

Email

Do you have pet insurance? Yes No If yes, please list name of provider _____

Please complete the following information about your cat's health.

- Do you use a heartworm preventive? Yes No If yes, list name _____ Date last administered _____
- Do you use a flea/tick preventive? Yes No If yes, list name _____ Date last administered _____
- Have you seen fleas or ticks on your cat? Yes No If yes, how many? Number of other cats ____ Number of dogs ____
Are all cats and dogs currently vaccinated and on heartworm and flea preventive? Yes No
If no, please explain _____
Any other pets? Yes No If yes, please describe (type of animal, how many, general health) _____
- What best describes the amount of time your cat spends outdoors?
 Several times for strolls 50/50 Indoor/outdoor Outdoor cat
- Check if your cat does any of the following:
 Board Groom Show Contact with neighborhood cats Travels with you
- What brand of food do you feed your cat? _____ How much/how often? _____
- Do you provide dental care for your cat? Yes No If yes, please describe _____
- Have you noticed any bumps or lumps on your cat? Yes No If yes, please describe _____
- Have you noticed any skin/coat problems on your cat? Yes No If yes, please describe _____
- Check if you have noticed any of the following: Coughing or labored breathing Limping Tiredness/sluggishness
 Increased thirst Increased urination Diarrhea Vomiting Other _____
- Does your cat have any behaviors you wish you could change? Yes No
If yes, please explain _____
- Is your cat allergic to any medication? Yes No If yes, please list _____
- Litter box(s) material: Clay Clumping Other _____ Scented Unscented
- Please list any health issues you would like to discuss with the veterinarian. _____

Thank you! Please return this form to the front desk.