## SILVER TAILS CLINIC QUESTIONNAIRE



When attending the *Silver Tails* clinics, we request that you complete sections A and B of this questionnaire prior to your appointment.

If you are attending the Silver Tails Plus clinic, please bring a urine sample from your cat with you on the day. \*A collection pack can be purchased at reception for £4.90.

PATIENT	CLIENT		DATE
AGE	BREED		SEX
A) Firstly, we wou	ıld like to know about your cat's	s daily regime	•
What food do you feed your cat?			
How much food does your cat eat in a day?			
How many meals do you offer your cat a day?			
Does your cat enjoy playing?			
Does your cat interact with people and other pets?			
Is your cat vocal?			
How much time does your cat spend sleeping each day?		1	
Does your cat have	outside access?		
Does your cat have	access to a litter tray? How ma	any?	
What type of litter do	you use?		
Does your cat ever seem anxious, over affectionate or aggressive?		e or	
Is your cat able to jump up to higher places?			
Does your cat take any regular medication?			
Please add any other	comments or concerns you wi	sh to discuss	during the clinic;

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OXFORD
CAT
CLINIC

B) As your cat becomes more senior you may notice changes in daily habits and activities. We are here to support you and your cat through the ageing process, ensuring longevity at peak condition.

With this in mind, have you noticed a change in any of the following activities

ACTIVITY	INCREASED	DECREASED	ABOUT THE SAME	DOESN'T PERFORM	COMMENT
Eating					
Drinking					
Urination					
Defecation					
Playing					
Sleeping					
Grooming					
Scratching					
Coughing					
Sneezing					

## C) EXAMINATION

READING OBTAINED	COMMENTS	ACTIONS
Heart rate		
Respiratory rate		
Temperature		
Weight, BCS, MCS		
Other		

D) <i><u>STLVER TATLS PLU</u></i>	ς
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<u>TEST</u>	<u>OBTAINED</u>	RESULTS CONTACT NUMBER
Urine sample		
Blood pressure		
Blood sample		