CAT QUESTIONNAIRE

Client Intake Form



Real Nutrition for the Everyday Pet

Please answer the following questions to your best abilities. If there are questions that do not apply or you wish to not answer, please skip those. I encourage owners to give as much information as possible. This will help pinpoint the issues at hand and allow better recommendations for nutritional and supplemental needs.

Thank you!

What is your cat's name?
Male or Female?
Breed type?
Spayed or Neutered?
How old is your pet?
Is your cat from a breeder or foster group?

When did you get your cat?
What is your cat's current weight & what is their ideal weight?
What are your current concerns about your cat's health?
When did these issues start?
What do you believe is your cat's current state of health? - Surviving, Poor, Good, Best, Thriving is your cat suffering from any of the following?
Yeasty ears
• Fatty bumps and tumors
• Cancer
• Smelly paws
• Large poops
• Constant panting
Constant drooling
Tummy rumbles or gurgles
Kidney failure
• Liver disease
Eye goop and irritation
• Runny nose
Chipped nails, brittle nails
• Cloudy eyes

LethargyOver excitedAnxiety

• Excessive barking

• Excessive whining - or mewing

 Restlessness - during the day Restlessness - during the night Smelly poop Eating poop - their own or other animals Grass eating Excessive urination Hot spots Fur loss Aggression Mood swings
What is the current food you feed your cat? (Brand and type)
How long have you been feeding this food?
Have you fed other cat foods in the past and for how long?
Does your cat have any food sensitivities? Please keep in mind, cats should not have sensitivities, they may have developed one due to overfeeding of the same protein or food group. Food allergy tests are only accurate if the cat is on a raw diet and is being tested for allergies and sensitivities.
Do you use any flea/tick/heartworm medications? If so, which brands?
How long have you been using flea/tick/heartworm medications and how many time per year?
Is your cat vaccinated? If so, when did you start vaccinations and when was your last vaccine round?
What were your cat's most recent vaccines?
Is your cat on any medications? If so please list them off.

• Constant gas



What type of treats do you give your cat, please list all brands.
How often do you change their water each day?
Is your cat regularly groomed? If so, what type of shampoos and sprays are used?
Has there been any new products, people, furniture, toys, scents, or any new factors added to your home recently? This could be anything new.
Are you willing to change household items if they are affecting your pets?
What are your goals for your cat? (In terms of what you hope to see from changing their diet)
Are you open to changing your cat's food to a more natural and wholesome diet?
What is your budget for feeding and supplements? (I will always recommend the best product for the ailment but will also try to research to find a comparative item if the cost is too high)
Please list off any additional information you would like to give:

Thank you & I look forward to working with you!



YOUR PLAN HAS BEEN APPROVED BY A
K9 CERTIFIED NUTIONIST:
ABIGAIL KAMALIAN