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FELINE ALLERGY QUESTIONNAIRE

Before your cat's next appointment, it would be extremely helpful if you could spend a few minutes answering the questions below:

Owner's name:..... Date of appointment: .....

Cat's name: ..... Cat's date of birth / age: .....

Hair length (long / short):..... Breed:.....

Colour: ..... Weight: .....

Sex: Male ☐ Male castrated ☐ Female ☐ Female spayed ☐

Email address for any follow-up information:.....

GENERAL QUESTIONS

1 Any recent changes in your home environment (new home, new family member, work being done on house)?

Yes ☐ No ☐ If yes, please state:.....

.....

2 How old was your cat when you took ownership of them?

Kitten ☐ 6-12 months ☐ 1-2 years ☐ 2-4 years ☐ Older than 4 years ☐

3 Where did you get your cat from? Breeder ☐ Rescue centre ☐ Other ☐

4 Has your cat ever been abroad or did they come from abroad? Yes ☐ No ☐

If yes, when and where: .....

5 (a) Are there any other pets in the household? Yes ☐ No ☐

(b) If yes, what type of pets are they? Dog ☐ Cat ☐ Rabbit ☐
Horse / pony ☐ Other:.....

(c) How long have they been present? Whole life ☐ Many years ☐ More than 1 year ☐

6 Where does your cat live? Inside only ☐ Outside only ☐ Both ☐

7 Do they have full run of the house? Yes ☐ No ☐ N/A ☐

8 Does your cat hunt? Yes ☐ No ☐ N/A ☐

9 Is your cat regularly bathed or groomed? Bathed ☐ Groomed ☐ Neither ☐

10 In which room does your cat usually sleep? Bedroom ☐ Sitting room ☐ Kitchen ☐
Outside ☐ Other:.....

11 Does your cat use a litter tray? Yes ☐ No ☐

12 What is your cat's activity level (exercise tolerance) like at the moment?
The same ☐ Less energy ☐ More energy ☐

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13 Does your cat have, or have they previously had, any other health problems (including behaviour) other than those which are skin or breathing related?

Yes ☐ No ☐ If yes, please state:.....

.....

14 Are your cat's vaccinations up to date (including FeLV)? Yes ☐ No ☐

15 Has your cat had any worm treatment recently? Yes ☐ No ☐ If yes, please state:

Product used:..... Last used:.....

16 Is your cat on any medication/s currently for their skin / breathing or anything else (including shampoos and ointments)? Please use additional space on page 4 if needed.

Yes ☐ No ☐ If yes, please state:.....

.....

17 Does your cat have any known allergies to medications? Yes ☐ No ☐

If yes, please state:.....

18 Are there any changes in:

(a) your cat's thirst?	No change ☐	Drinks more ☐	Drinks less ☐
(b) how often / much they urinate?	No change ☐	More ☐	Less ☐
(c) your cat's appetite?	No change ☐	Hungrier ☐	Less hungry ☐
(d) your cat's weight?	No change ☐	Gained weight ☐	Lost weight ☐

19 How many times daily does your cat toilet (produce stools)?

1-2 times ☐ 3-4 times ☐ 5-6 times ☐ More than 6 times ☐ Unknown as toilets outside ☐

20 Does your cat have any of the following symptoms? (please tick all that apply)

Diarrhoea ☐	Loose stools ☐
Jelly on / with stool ☐	Vomiting ☐
Toileting outside litter tray ☐	Unknown as toilets outside ☐

21 Does your cat have, or have they previously had any other gastrointestinal issues?

Yes ☐ No ☐ If yes, please state:.....

.....

22 Please list everything that your cat eats / drinks below (and if wet / dry / pouches / raw etc.)
Please use additional space on page 4 if needed.

Main food: .....

Treats: .....

Supplements:.....

Drinks (water / milk – list all): .....

Other: .....

23 Are you able to:

(a) Bathe and shampoo your cat?	Yes ☐	No ☐
(b) Apply lotions, creams or sprays to your cat's skin?	Yes ☐	No ☐
(c) Give oral tablets / capsules?	Yes ☐	No ☐
(d) Give your cat oral liquids?	Yes ☐	No ☐
(e) Apply a spot-on treatment (e.g. flea medications)?	Yes ☐	No ☐

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ALLERGY QUESTIONS – HISTORY

24 What is / are the main skin or breathing issue/s for your cat? .....

.....

25 What were the first signs you noticed and did they occur suddenly or gradually?

Sudden ☐ Gradual ☐ Signs: .....

.....

26 Have there been any other skin / breathing issues in the past? Please use additional space on page 4 if needed.

Yes ☐ No ☐ If yes, please state: .....

.....

27 How old was your cat when this problem first started?

0-6 months ☐ 7-12 months ☐ 1-2 years ☐ 3-4 years ☐ 5+ years ☐ Unknown ☐

28 Is the problem constant (all the time) or variable (sometimes better than others)? Constant ☐ Variable ☐

29 Compared to when it first started is the problem: Better ☐ Worse ☐ Much the same ☐

30 What time of year are symptoms at their worst? (please tick all that apply)

Spring ☐ Summer ☐
Autumn ☐ Winter ☐
Same all year ☐ Varies but no pattern ☐

31 Do any of your cat's litter mates / parents / other relatives have any similar problems?

Yes ☐ No ☐ Unknown ☐

32 Do any other pets or people in the household have skin / breathing problems? Yes ☐ No ☐

33 Has anyone in the household spent time in hospital recently (working or as a patient)? Yes ☐ No ☐

34 Do you treat your cat for fleas and ticks? Yes ☐ No ☐ If yes, please state:

Product used: .....

How often: ..... Last used: .....

35 Do you treat the home environment for fleas? Yes ☐ No ☐

36 Has the problem responded (even temporarily) to any treatment so far? Please use additional space on page 4 if needed.

Yes ☐ No ☐ If yes, please state .....

.....

37 Has your cat changed on to a different diet to try and help with their skin problem?

Yes ☐ No ☐ If yes, please list food, when given and whether the skin improved on it.

.....

ALLERGY QUESTIONS – SYMPTOMS

38 Does your cat have any of the following skin symptoms? (please tick all that apply)

Overgrooming, bald or thin fur ☐ Spots or raised bumps on skin ☐ Red / pink skin ☐
Ears itchy, waxy or other discharge ☐ Itching (lick, chew, pull out hair etc.) ☐ Coat changes ☐
Sneezing, runny nose or cough ☐ Laboured breathing or asthma-like signs ☐

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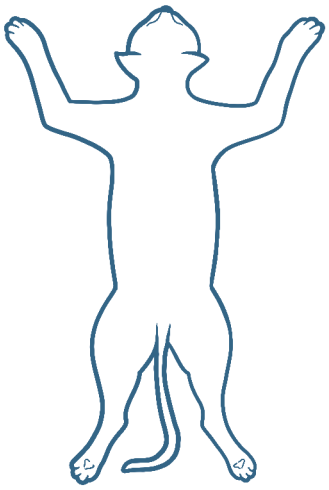
39 Please mark how itchy your cat is on the scale below after first reading all the descriptions from the bottom upwards. Mark on the vertical line the point you feel is representative of their level of itch currently.

EXTREME	Constant itching whatever is happening, needs to be physically restrained to stop
SEVERE	Prolonged episodes of itching. Occurring at night and may also be while eating, playing, exercising or when otherwise distracted
MODERATE	Regular, may itch overnight but still not while eating, playing, exercising or when otherwise distracted
MILD	A bit more frequent itching, but doesn't do when sleeping, eating, playing, exercising or when otherwise distracted
VERY MILD	Occasional itch, more frequent than before skin problem started
NORMAL CAT	Itching is not a problem, normal for cats

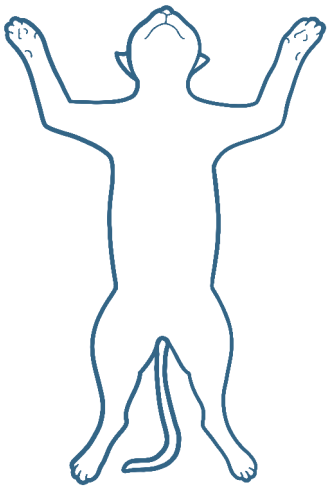
Scale adapted using figure from - Hill, P. B., Lau, P. and Rybnicek, J. (2007), Development of an owner-assessed scale to measure the severity of pruritus in dogs. Veterinary Dermatology, 18: 301-308

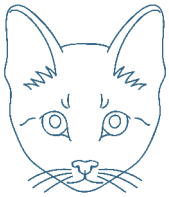
40 Where on the body do you see the problem/s? (please mark or colour areas on the diagram and / or tick all boxes that apply)

Front paws ☐
Front legs ☐
Back ☐
Rear end ☐
Tail ☐



Neck ☐
Arm pits ☐
Sides ☐
Groin ☐
Back legs ☐
Back paws ☐





Face ☐
Around eyes ☐
Ears ☐
Chin ☐

LOOKING DOWN ON TOP OF CAT

LOOKING FROM UNDERNEATH AT BELLY

ADDITIONAL SPACE FOR ANY EXTRA COMMENTS

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