



Family Veterinary Center
99 Main St. Haydenville, MA
413-268-8387

Feline Pain Questionnaire

Client Name: _____

Patient Name: _____

Date: _____

How long has your pet been showing pain/uncomfortable symptoms?

Is your cat strictly indoors, outdoors or both?

Has your cat been diagnosed with any other problems in addition to their orthopaedic issues? Please list along with any medications they are taking:

Does your cat ever vocalize from pain or discomfort (yowling, screeching, grunting)? If so how often and doing what?

How, would you say, is your cat's mobility in general?

Is your pet able to use stairs? How many and how often do they need to use stairs?

On a scale of 1 – 5 (1 being very easy/no difficulty and 5 being very difficult/unable) please rate the following:

- How difficult it is for your cat to get down into a lying position?
- How difficult is it for your cat to rise from a lying position?
- How difficult is it for your cat to jump up onto something low? Something high?
- How difficult is it for your cat to get comfortable before sleeping? Does he/she change positions or go to different places regularly?

Does your pet get any regular exercise or play time?

If so, what types of exercise/play and on what type of terrain?

How long and how often does your pet exercise/play?

What overall effect does exercise have on your cat's pain/lameness?

What type of feeding bowls do you use (metal, ceramic, plastic)?

Are the food and water bowls easily accessible or do they need to climb to get them? If so, how high?

What is their main diet? Please list brand and main ingredients.

Does your pet get any treats or table scraps? Please list.