

QUESTIONNAIRE – PART I (TO BE COMPLETED BY VETERINARIAN)

- 1-2ml of blood in lithium heprin (✓ tick here) or in serum gel (✓ tick here) has been submitted.

- Choose a method for results to be relayed to you (enter the relevant contact information in the space provided):

Telephone (✓ tick here) _____, fax (✓ tick here) _____

or email (✓ tick here) _____

Name of vet: _____ Date: _____

Name of clinic: _____

I confirm that the cat sampled is **not** under treatment for hyperthyroidism at present (✓ tick here)

Owner name: _____ Cat name: _____

Reason for visit

- Routine health check
- Vaccination
- Illness (specify) _____

Clinical examination findings

- Has the cat lost weight in the last 3 months? Yes No
- Is the cat eating excessively? Yes No
- Heart rate: <200
200-240
>240
- Is a cardiac murmur audible? Yes No
- Respiratory rate: Normal
Increased
Dyspnoeic
- Does the cat vomit? Yes No
- Does the cat have diarrhoea? Yes No
- Are the thyroid glands palpable?
Unsure No
Right only Left only Both

QUESTIONNAIRE – PART II (TO BE COMPLETED BY OWNER AT TIME OF SAMPLING)

Owner name: _____

Cat name: _____

Breed: _____

Sex: Male
Female
Neutered

Age of cat / year of birth: _____

- How long have you **owned** your cat?

Less than 5 years
5-10yrs
More than 10 years

- **Number** of cats in household:

1
2
More than 2

Vaccination/worming history

- Is your cat vaccinated? Yes No Not sure **Frequency:** Yearly Infrequently
- Do you de-worm/de-flea your cat? Yes No Not sure **Frequency:** Yearly Infrequently
- Type of preparation? Spot-on Powder Collar Spray Oral
Brand (if known) _____

Environment

- Does your cat live: always indoors always outdoors indoors and outdoors

Diet / food

- Indicate below which food(s) your cat is fed and also, if mixed, the most commonly used mixture:

Commercial canned food	<input type="checkbox"/>	<input type="checkbox"/>	Commercial dry food	<input type="checkbox"/>	<input type="checkbox"/>
Commercial pouches	<input type="checkbox"/>	<input type="checkbox"/>	Non-commercial food	<input type="checkbox"/>	<input type="checkbox"/>
Mixture of commercial and noncommercial rations	<input type="checkbox"/>	<input type="checkbox"/>	Mixture of wet and dry food	<input type="checkbox"/>	<input type="checkbox"/>

- If your cat is fed canned food is it: Ring-pull can Tin requiring an opener

- Does your cat have a favourite brand/flavour that you use most frequently?

- Has your cat had a major change in diet over the last 5 years? Yes No Unsure

- If you answered 'Yes' to the above, describe the diet prior to this change:

