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 ☐
  5-10 yrs ☐
  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:

  Most common mix

<table>
<thead>
<tr>
<th>Commercial canned food</th>
<th>☐</th>
<th>☐</th>
<th>Commercial dry food</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial pouches</td>
<td>☐</td>
<td>☐</td>
<td>Non-commercial food</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mixture of commercial and noncommercial rations</td>
<td>☐</td>
<td>☐</td>
<td>Mixture of wet and dry food</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

• 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________