

# Feline Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: \_\_\_\_\_

Name of Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female  Spayed/Neutered

Date of last preventive care visit: \_\_\_\_\_

1. How many cats live in your home? \_\_\_\_\_
2. How many dogs? \_\_\_\_\_
3. Other pets in the household include: \_\_\_\_\_

## Travel and outdoors

4. How much time does your cat spend outside every day? \_\_\_\_\_ hours
5. Do you take your cat to any of the following (check all that apply):  
 Organized events or competitions  Day care  Boarding or grooming facilities  
 Other activities with other cats? (specify) \_\_\_\_\_
6. Do you travel with your cat?  Yes  No  To where? \_\_\_\_\_
7. Do you take your cat on any outdoor activities?  Yes  No

## Home environment and home care

8. Do you observe wild animals or other wildlife in your neighborhood?  
 Feral Cats  Squirrels, Chipmunks, Skunks or Small Rodents  
 Raccoons  Deer  
 Wild Turkeys  Wild Canines (Coyotes, Foxes)  Other
9. Do you or your cat visit homes where there are pets?  Yes  No
10. Do other pets come to visit at your house?  Yes  No
11. Does anyone with compromised immune systems live in or visit your home?  Yes  No
12. Have you seen evidence of fleas, ticks or worms on any of your pets or in your home?  Yes  No
13. Have you noticed any fleas or ticks on your cat?  Yes  No
14. Does your cat use the litter box, go outside, or both? \_\_\_\_\_
15. Please list all of the products, medications or supplements your cat is using,  
 Flea or tick control products \_\_\_\_\_  
 Pain medications (including prescriptions, aspirin or supplements) \_\_\_\_\_  
 Dental products (including chews) \_\_\_\_\_  
 Heartworm preventive \_\_\_\_\_  
 Others \_\_\_\_\_
16. What kind of exercise does your cat get? \_\_\_\_\_
17. What kind of diet do you feed your cat? \_\_\_\_\_
18. Do you feed your cat treats?  Yes  No  If so, how many times per day? \_\_\_\_\_

## Unusual behavior

19. Does your cat scratch, bite at its skin or seem "itchy"?  Yes  No
20. Have you noticed  
 Yes  No Any weight loss or gain?  
 Yes  No Any change in your cat's skin or hair coat?  
 Yes  No Any recent change in your cat's behavior or activity level?  
 Yes  No Any signs of pain, like slow to get up or down, tremor or weakness in the rear legs, protecting of a certain body part?  
 Yes  No Any recent changes in your cat's behavior around the litter box?

Please describe the changes: \_\_\_\_\_

When complete, place in Client folder.