

Feline Lifestyle Review

Pet's Name: _____ Date: _____

It is our goal to provide you with the up-to-date information you need to make informed decisions about your pet's health care needs.

My cat spends most time:

- Indoors
- Outdoors
- In and Out

My cat comes in contact with other pets...

- Yes
 - While boarded at a kennel
 - While professionally groomed
 - Other: _____
- No

What do you feed your cat?

If offered table food, list examples:

Which best describes your cat's weight?

- Too Thin
- Normal Weight
- Gained a few pounds
- Needs to lose weight

Which best describes your cat's breath?

- Not bad
- Unpleasant
- Really bad

Are you interested in annual bloodwork?

- Yes
- No

Which best describes your cat's water consumption?

- Same as last year
- More than last year

Please check any conditions that your pet has experienced?

- Itching or chewing
- Fleas or ticks
- Change in behavior
- Frequent urination
- Crying in pain
- Eye discharge
- Vomiting
- Sneezing
- Change in appetite

Is your cat receiving medication other than in the ones dispensed from this hospital?

- Yes (Please list) _____

- No

Is your cat currently using flea and heartworm prevention?

- Yes (Please list) _____

- No

Do you need any refills?

