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

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?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________