SAMPLE FELINE LIFESTYLE REVIEW

Pet's name: _____ Date: _____

Our practice's goal is to provide you with the up-to-date pet health information you need to make an informed decision about your pet's health care.

My cat spends most of her time:

❍ Indoors
❍ Outdoors
❍ In and out

My cat comes in contact with other pets …

❍ Yes: ❏ While boarded at a kennel
❏ While professionally groomed
❏ While bathed

❍ No

What do you feed your cat? _____

_____

If you offer 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? (Please circle one.)

❍ Not bad for a cat's breath
❍ Unpleasant
❍ Really bad (needs mouthwash)

Which best describes your cat's water consumption?

❍ Same as last year
❍ More than last year

Please check any of the conditions your pet has experienced:

❍ Itching or chewing
❍ Fleas or ticks
❍ Change in weight
❍ Change in behavior
❍ Frequent urination
❍ Increased thirst
❍ Crying
❍ Eye discharge
❍ Vomiting
❍ Sneezing
❍ Change in appetite
❍ Leaking or dribbling urine

Is your cat receiving any medications other than ones dispensed from this hospital?

❍ Yes (Please list.)_____

_____

❍ No

Is your cat currently on any flea and heartworm preventives?

❍ Yes (Please list.)

_____

_____

❍ No

Do you need refills?

❍ Yes
❍ No

Please note any questions or topics you would like to discuss.

_____

_____

_____

_____

_____

Courtesy of Pamela Jamieson, Catawba Animal Clinic, Rock Hill, S.C. firstline