

# 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?

- Not bad for a dog's breath
- Unpleasant
- Really bad (needs mouthwash)

## Which best describes your cats's water consumption?

- Same as last year
- More than last year

## Please check any of the conditions that 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 a heartworm preventive?

- Yes (Please list.) \_\_\_\_\_  
\_\_\_\_\_
- No

## Do you need a refill?

- Yes
- No

## Is your cat currently on flea and tick preventives?

- Yes (Please list.) \_\_\_\_\_  
\_\_\_\_\_
- No

## Do you need a refill?

- Yes
- No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(HY: Source: Courtesy of Pamela Jamieson, Catawba Animal Clinic, Rock Hill, S.C)