



Feline Lifestyle Report

DATE: ___ / ___ / ___

_____ is a ___ yr old _____ (breed/sex) presenting for _____.

Due for (circle): Rabies, FVRCP, Leukemia, Fecal, FIV/FeLV Test, Bloodwork.

Food Dental care Flea/Tick HWP Other meds/supplements: _____

Temp: _____ Pulse quality: _____ RR/Effort: _____ MM/hydration: _____ CRT: _____

1. Which best describes your cat's lifestyle? (check all that apply)

- Indoor 100% Indoor ___%/outdoor ___% Outdoor 100%
 Screened porch/patio access Outdoor access-Supervised Outdoor access- Unsupervised
 Contact with other cats Board Groom Travel: _____
 Access areas where ticks may be present

2. Is your cat currently receiving Heartworm prevention? Brand: _____

How often? Summer Monthly year-round Inconsistent Last administered: _____

3. Is your cat currently receiving Flea/Tick prevention? Brand: _____

How often? Summer Monthly year-round Inconsistent Last administered: _____

4. List Current medications/supplements, dose, and frequency: _____

5. What is the name of your cat's food? _____ Frequency/Amt: _____

Type/Frequency: Treats: _____ People food: _____

6. Do you provide dental care for your cat? Type/Frequency: _____

7. Other pets in household: None. Cats ___ Dogs ___ Birds ___ Reptiles ___ Other _____

Are they currently vaccinated and on flea/heartworm preventative? No Yes

8. Type of litter: _____ Number of litter boxes: _____ Locations: _____

Cleaning schedule: Daily 3-4 times/week 1-2 times/week when it's full other: _____

9. Concerns/Abnormalities (check all that apply):

- Change in appetite or drinking: _____ Coughing: _____
 Change in defecation or urination: _____ Sneezing: _____
 Vomiting: _____ Behavior/grooming habits: _____
 Weight loss or gain: _____ Itchy/rash/lumps: _____
 Other: _____