

Feline Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet owner name: _____ Today's Date: ____/____/____
Name of cat: _____ Date of birth: ____/____/____ Date of last veterinary visit: ____/____/____
Breed: Mixed breed Breed _____ Male Female Spayed/neutered

1. With how many cats does your cat interact? Inside your home ____ Outside your home (including cats your cat sees through a window or screen) ____ I'm not sure

2. Using a scale of 0-4, how would you describe your cat's relationship with other members of the household? (0 – enemies, 2 – neutral, 4 – best friends)

Other cats ____ Dogs ____ Horses and livestock ____ Adult humans ____ Children ____ Other pets _____

ACCESS TO OUTDOOR ENVIRONMENT

3. What type of access does your cat have to the outside environment? Through a screened window or door On a leash or in a stroller/backpack
- Supervised free-roaming within a fenced-in yard Unsupervised free-roaming within a fenced-in yard Supervised free-roaming Unsupervised free-roaming
- Enclosed patio/catio, porch, or balcony Open-air patio, porch, or balcony
- Other _____
4. Do you take your cat to any of the following (check all that apply): Organized events or competitions On airplanes Boarding or grooming facilities
- Public transportation (bus, taxi, train, subway)
5. Do you travel outside your home with your cat? Yes No Where do you go and where do you plan to go? _____
6. Does your cat hunt wildlife? No Yes How often? Every day 1x per week Rarely

HOME ENVIRONMENT AND HOME CARE

7. Do you observe animals or other wildlife in your neighborhood? Feral cats Squirrels, chipmunks, skunks, or small rodents Raccoons Deer
- Wild felines (bobcats, mountain lions) Wild canines (coyotes, foxes) Other _____
8. Do you or your cat visit homes where there are pets? Yes No Describe _____
9. Do other pets come to visit at your house? Yes No Describe _____
10. Do children, elders, or people with weakened immune systems live in or visit your home? Yes No
11. Have you seen fleas, ticks, or worms on ANY of your pets in your home? Yes No Describe _____
12. Have you noticed any fleas or ticks on your cat? Yes No
13. Which pets do you treat for fleas, ticks, internal parasites, or heartworms? Every cat and dog in the household Only the pets who go outside Other _____
14. How often do you treat your pets for fleas, ticks, internal parasites, or heartworm? In warmer months Year-round Sporadic Other _____
15. Does your cat use a litterbox? Yes No

LITTER BOX HABITS

16. How many litter boxes are in your home? ____ How often do you scoop them to remove urine and feces? 1-2x per day 1-3x per week Not sure Other _____
17. Where are the litter boxes located? _____ What type of litter do you use? Clumping Non-clumping Scented? Yes No
18. How big are the clumps of urine-soaked litter in the litter box? The size of a: Marble Golf ball Apple Grapefruit Other _____
19. Has your cat urinated somewhere in the house outside the litter box? No Yes How often? 1x per day 1x week Other _____
- When this occurs, how would you describe the urine? Normal Strong odor Sticky Bloody Large volume Small volume
20. Has your cat defecated somewhere in the house outside the litter box? No Yes How often? 1x per day 1x week Other _____
- When this occurs, how would you describe the feces? Normal Soft and watery Small and hard Bloody Slimy Other _____
- Outside the litter box, please describe the location where you find your cat's urine and feces _____

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YOUR CATS ROUTINE AND BEHAVIOR

21. Please list all products, medications (prescription or over-the-counter), or supplements your cat is using or has recently used.

22. Describe what your cat eats, including prey, treats, and "people food." _____

23. Describe what your cat eats every day and how much (include cat food type, treats, "people food") _____

24. How often does your cat eat? Food is out all the time 1x per day 2x per day 3x per day

25. Out of what does your cat primarily eat? Bowl or plate Puzzle toy Food dispenser Other _____

Where does your cat eat? _____ Does your cat eat with other cats/pets? Yes No

26. Where does your cat drink? _____

Out of what does your cat primarily drink? Bowl Drinking fountain Dripping faucet Other _____

How often do you see your cat drink? 1x per hour 1x per day Not sure

27. What kind of play or exercise does your cat get and how many times each day/week? _____

28. Do you brush your cat's teeth? Yes If so, how often? _____ No Has your cat had their teeth scaled while awake? Yes No

Have you noticed a strong smell coming from your cat's mouth? Yes No

29. Do you trim your cat's nails? Yes No Would you like help learning how to trim his or her nails at home? Yes No

30. What does your cat tend to scratch at home? Scratching post Carpet Furniture Other _____

31. Does your cat have any thinning spots on his or her hair coat? Yes No

32. How often does your cat vomit? None 1x per day 1x per week 1x per month Other _____

If your cat vomits, what do you find in the vomit? Hairball Mucous Food Other _____

33. Have you noticed

An increase in the amount of drinking or urinating? Yes No

Any weight loss or gain? Yes No

Any change in your cat's skin or hair coat? Yes No

Any recent change in your cat's activity level (desire to play, amount of time spent sleeping or hiding, etc.)? Yes No

Any changes in ability or desire to jump up on tables, counters, or other high places? Yes No

Any limping or clumsy behavior? Yes No

Any coughing? Yes No

Any recent changes in your cat's behavior toward you, other family members, other pets, or strangers? Yes No

Has your cat seemed "grumpy", withdrawn, or started to shy away from physical touch and petting? Yes No

Please describe the changes you've noticed: _____

34. What else would you like to discuss with the veterinary team? _____
