

# Cat Lifestyle Questionnaire

Owner: \_\_\_\_\_ Pet: \_\_\_\_\_

Email: \_\_\_\_\_

How many other pets in household? \_\_\_\_\_ Species? DOGS CATS OTHER

Is your cat microchipped? \_\_\_\_\_ If NO, would you like it done today? YES NO

Is your cat: INDOOR OUTDOOR (i.e. Porch, Yard, Neighborhood) BOTH

Do you give monthly heartworm & flea prevention? YES or NO

Brand: \_\_\_\_\_ Date of last dose? \_\_\_\_\_

Where do you purchase your pet's heartworm & flea prevention?  
\_\_\_\_\_

Does your cat scratch, bite at its skin or seem "itchy"? YES or NO

Please list the medication(s) your cat is on:  
\_\_\_\_\_

How would you describe your cat's attitude?

<input type="checkbox"/> Happy	<input type="checkbox"/> Depressed
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Nervous

Does anyone with compromised immune systems live in or visit your home? YES or NO

What type of diet do you feed your cat (i.e. commercial pet food, some table food, etc.)?  
\_\_\_\_\_

Do you have any questions concerning your cat's lifestyle or vaccine schedule? YES or NO