

Cat Lifestyle Questionnaire



West Alabama Animal Clinic
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Owner: _____ Pet: _____

Email: _____

How many other pets in household? _____ Species? DOGS CATS OTHER

Is your cat: INDOOR OUTDOOR BOTH

If outdoor sometimes, describe area: PORCH YARD NEIGHBORHOOD

Is your cat microchipped? _____ If NO, would you like it done today? _____

Do you give monthly heartworm preventative? YES NO Brand: _____

When did you give the last dose? _____ Is it easy to give? YES NO

Do you give monthly flea preventative? YES NO Brand: _____

When did you give the last dose? _____ Is it easy to give? YES NO

Where do you purchase your preventatives? _____

Is your cat on any other medications: _____

Does your cat spend any of their time:

<ul style="list-style-type: none">At the Groomer	<ul style="list-style-type: none">At Cat Shows
<ul style="list-style-type: none">Playing with Children	<ul style="list-style-type: none">Traveling

How would you describe your cat's attitude?

<ul style="list-style-type: none">Happy	<ul style="list-style-type: none">Depressed
<ul style="list-style-type: none">Aggressive	<ul style="list-style-type: none">Nervous

Your cat's diet consists of:

<ul style="list-style-type: none">Commercial Pet Food	Brand: _____
<ul style="list-style-type: none">Home-Cooked Meals	Example: _____
<ul style="list-style-type: none">Some Table Food	Example: _____
<ul style="list-style-type: none">Other	Example: _____

Do you have children or immunocompromised people in your household? YES NO

Any questions concerning your cat's lifestyle or vaccine schedule? _____
