

Cat Lifestyle Questionnaire

Owner: _____ Pet: _____

Email: _____

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

Where do your pets spend the majority of their time? INDOOR OUTDOOR BOTH

If outdoor sometimes, describe area: PORCH YARD NEIGHBORHOOD

Where does your pet sleep at night: _____

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:

At the Groomer	Playing with Children
Traveling	At Cat Shows

How would you describe your cat's attitude?

Happy	Depressed
Aggressive	Nervous

Your cat's diet consists of:

Commercial Pet Food	Brand: _____
Home-Cooked Meals	Example: _____
Some Table Food	Example: _____
Other	Example: _____

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

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