

Feline Lifestyle Questionnaire



Name: _____

Cat's Name: _____ Age: ____ Sex: ____ Spayed/Neutered? YES NO

Is your cat currently on heartworm preventative?

- Yes
Date of last dose _____
- No
- Not sure

Is your cat currently using flea/tick prevention?

- Yes
Date of last dose _____
- No
- Not sure

What brand of food do you feed your cat?

- Dry food/kibble
- Wet food
- Both wet and dry
- Home-cooked

Is your cat on any medications or supplements? _____

If yes, please list at bottom of page

How often do you feed your cat?

- Once per day
- Twice per day
- Free feed (food is available at all times)

Do you feed your cat treats?

- Yes
Type of treats _____
Frequency _____
- No

Does your cat (check all that apply)...

- Go outside (roams freely)
- Sit on a deck or patio
- Sit by an open window
- Sleep in the bed with you or other family members
- Play with other pets
- Play with children
- Board at a facility when you are out of town

PLEASE LET US KNOW OF ANYTHING YOU WOULD LIKE TO DISCUSS WITH OUR TEAM TODAY:

Behavior/Neurologic

- My cat is just not acting like himself/herself
- My cat interacts less with the family
- My cat seems confused or disoriented
- My cat has been meowing or whimpering for no apparent reason

- My cat's sleeping patterns have changed
- My cat has had tremors or episodes of shaking
- My cat has displayed circling, head tilts, or repetitive movements
- Other _____

Body Functions

- My cat has bad breath and red or swollen gums
- My cat has difficulty chewing
- My cat's eating habits have changed
- My cat has gained/lost weight (circle one)
- My cat is drinking more water than usual
- My cat is urinating more frequently than usual
- My cat's litter-box habits have changed and he or she sometimes has accidents
- My cat's bowel habits have changed (increased frequency, diarrhea, constipation, straining) (circle all that apply)
- My cat vomits more than occasionally
- My cat seems to have trouble seeing or hearing
- Other _____

Heart/Lungs

- My cat seems to be panting more
- My cat has been coughing or sneezing
- My cat tires more rapidly or seems short of breath
- Other _____

Activity Level/Pain Assessment

- My cat has difficulty jumping to the counter/bed
- I have noticed a change in my cat's activity level
- My cat seems to be limping and/or seems stiff and has difficulty rising from a resting position
- My cat has been hiding more than normal
- My cat has been unusually quiet
- My cat has been meowing or vocalizing more than normal
- Other _____

Skin and Coat

- I have noticed changes in my cat's grooming habits
- My cat scratches, licks, and chews excessively
- My cat has changes in coat skin, or has new lumps or bumps
- My cat's skin has an odor
- Other _____

Please list any medications your cat is on here:
