

FELINE LIFESTYLE SURVEY

To aid in our effort to provide the best veterinary care for your feline companion, please take a moment to fill out the following lifestyle survey.

Owner's Name: _____ Pet's Name: _____ Date: _____

I. Select the appropriate description(s) of your pet's socialization with other animals (select all that apply).

- My cat lives indoors only, never goes outside, and never has access to new cats.
- My cat lives indoors only but one or more cats in the household goes outside.
- My cat has access to the outdoors via a screened area only.
- My cat is an indoor/outdoor pet (even if only to occasionally sit on a ground level porch or in the driveway) OR outdoor only.
- My cat lives with a feline leukemia (FeLV) or feline immuno-suppressive virus (FIV) positive cat.
- I sometimes take my cat to a boarding facility or day care or to stay at multiple cat households.

II. General Questions

A. My cat has had a reaction to medications or vaccinations in the past. No Yes (Please explain)

B. Is your cat on heartworm preventive? No Yes Which one?

When was the last treatment given?

C. Is your cat on flea and tick control products? No Yes Which ones?

When was the last treatment given?

D. Please list any medications your cat takes, including nutritional supplements.