

Feline Lifestyle Review

NAME: _____

Our goal here at PCVC is to provide you with the up-to-date pet health information you need to make an informed decision about your pet's health care.

My cat spends most of her/his time:

- Indoors
- Outdoors
- In and out

My cat comes in contact with other pets...

- Yes

- No

What brand/type of food do you feed your cat?

Please check any of the conditions that your pet has experienced:

- Crying
- Eye discharge
- Hair loss
- Skin growth
- Sneezing
- Change in appetite
- Increased thirst
- Urinating inappropriately
- Change in behavior
- Vision problems
- Chang in weight
- Fleas or ticks
- Frequent urination

Is your cat receiving any medications other than ones dispensed from this hospital?

- Yes (please list)

- No

If you feed table food, list examples.

Which best describes your cat's weight?

- Too thin
- Normal weight
- Gained a few pounds
- Needs to lose weight

Is your pet currently on Heartworm preventative?

- Yes (please list) _____
- No

Do you need a refill if yes?

- Yes
- No

Which best describes your cat's breath?

- Not bad for a cats breath
- Unpleasant
- Really bad (needs mouthwash)

Is your pet currently on Flea & tick preventative?

- yes(please list) _____
- no

Do you need a refill if yes?

- Yes
- No

Which best describes your cat's water consumption?

- Same as last year
- More than last year

Please note any questions or topics you would like to discuss at your visit.

Thank you for completing this questionnaire for us.