

Pet Life Style Questionnaire

Please Fill Out or Circle your answers. Some questions may not apply to your pet.

Does your cat: Get Groomed Get Boarded Go to Pet Stores Go Outside?

Does your cat come into contact with unfamiliar cats? _____

Any other pets in the household? _____

Do you have plans on adding a new cat to the household? _____

Has your cat been tested for Feline Leukemia and FIV? _____

Any change in: Water Consumption Appetite Urinary Habits Weight Behavior? (circle all that apply)

If Yes Please explain: _____

Any: Shaking of the Head Odor from the Ears Scratching of the Ears Licking Bad Breath Eye/Nose Discharge Vomiting Diarrhea Constipation Hairballs Breathing Difficulties

Has your cat: Been Treated for a Serious Illness or Been Hospitalized? _____

Has you cat been recently diagnosed with an illness or disease? _____

Has your cat had: Siezures Fainting Spells? (circle all that apply)

Any: Lumps Bumps Growths ...within the past year? (circle all that apply)

Any: Limping Lameness Stiffness After Play Trouble Getting Around? (circle all that apply)

Any problems with Fleas or Ticks? _____

Is your pet on a: Flea/Tick Preventative? _____

Is your pet on any Prescription Medication? If so what are they? _____

Is your pet on any Supplements? _____

What food do you feed and how much? _____

What treats do you feed and how much? _____