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Feline Lifestyle Assessment Form

Pet Owner Name: _____
Name of Cat: _____ **Breed:** _____
Date of Birth/Age: _____ **Male** **Female** **Spayed/Neutered**
Date of last preventative visit: _____

1. How many cats live in your home? _____
2. How many dogs? _____
3. Other pets in household include: _____

Travel and outdoors

4. How much time does your cat spend outside every day? _____ hours
5. Do you take your cat to any of the following? (check all that apply):
 Day Care Boarding/Grooming Organized Competitions
 Other activities with other cats
6. Do you travel with your cat? Yes No If yes where do you go? _____
7. Do you take your cat on any outdoor activities? Yes No

Home environment and home care

8. Do you observe wild animals or other wildlife in your neighborhood?
 Feral Cats Squirrels, chipmunks, skunks or rodents
 Racoons Deer
 Wild Turkeys Wild Canines (Coyotes/Foxes)
9. Do you or your cat(s) visit homes where there are other pets? Yes No
10. Do other pets come to visit your house? Yes No
11. Does anyone with a compromised immune system live in or visit your house? Yes No
12. Have you seen evidence of fleas, ticks or worms on any of your pets or in your home? Yes No
13. Have you noticed any fleas or ticks on your cat? Yes No
14. Does your cat use the litterbox, go outside or both? _____
15. Please list all of the products, medications or supplements your cat is using:
 Flea or tick control products _____
 Pain medications _____
 Dental products (including chews) _____
 Heartworm preventative _____
 Others _____
16. What kind of exercise does your cat get? _____
17. What kind of diet do you feed your cat? _____
18. Do you feed your cat treats? Yes No If so, how many times per day? _____

Unusual Behavior

19. Does your cat scratch, bite at its skin or seem "itchy" Yes No
20. Have you noticed
 Yes No Any weight gain or loss?
 Yes No Any recent change in your cat's skin or hair coat?
 Yes No Any recent change in behavior or activity level?
 Yes No Any signs of pain, like slow to get up or down, tremor
or weakness in the rear legs, protecting a certain body
part?
 Yes No Any recent changes in your cat's behavior around the litter box?
Please describe the
changes: _____