

Your Pet's Lifestyle Questionnaire

Pet 's Name: _____



1. *Are there other pets that live in your home?*

Yes No

2. *Does your cat go outside?*

Yes No

3. *Have you noticed more urine in the litter box, or excessive drinking?*

Yes No

4. *Does your pet vomit hairballs or food more than once a month?*

Yes No

5. *Have you seen any evidence of fleas, ticks, or parasites on ANY of your pets?*

Yes No

6. *What brand/type of food are you currently feeding?* _____

7. *When was your cat's last dose of heartworm prevention given?* _____
What brand? _____

8. *Does your pet bite at his or her skin, seem itchy, or lick excessively?*

Yes No

9. *Have you noticed any weight gain or loss in your pet?*

Weight Gain Weight Loss Neither

10. *Have you noticed any changes in behavior or activity level?*

Behavioral Change Activity level Neither

11. *Have you noticed any signs of pain or discomfort?*

Hiding or isolation No longer jumping up Sleeping more than usual No pain or discomfort

12. *Have you seen any changes in behavior when urinating or defecating, like going outside of the litterbox?*

Urinating Defecating Neither

13. *Along with a comprehensive physical exam and vaccinations, our doctors recommend annual bloodwork and urinalysis to detect underlying diseases. Would you like to do that today?*

Yes No Speak with doctor first.

13b. *If yes, how would you prefer to be contacted?*

Call Text Email

13c. *Which phone number or email?*