

# Feline Assessment Form

## How Many Pets Live in Your Home?

Dogs	Cats	Other (please list animal type)

## Travel & Outdoors

- How much time does your cat spend outside each day? \_\_\_\_\_ hours
- Do you take your cat to any of the following? (check all that apply)
  - Boarding    Grooming    Other: \_\_\_\_\_
- Do you travel with your cat?    Yes    No  
If Yes, where do you go? \_\_\_\_\_
- Do you take your cat on any outdoor activities?    Yes    No

## Home Environment & Home Care

- Do you observe stray animals or wildlife in your neighborhood? (check all that apply)
  - Feral Cats    Squirrels    Chipmunks    Skunks    Rodents    Racoons
  - Deer    Wild Turkeys    Wild Canines (Coyotes/Foxes)    Other \_\_\_\_\_
- Do you or your cat(s) visit homes where there are other pets?    Yes    No
- Do other pets come to visit at your home?    Yes    No
- Does anyone with a compromised immune system live in or visit your house?    Yes    No
- Have you seen evidence of fleas, ticks, or worms in any of your pets or in your home?
  - Yes    No
- Does your cat use the litterbox?    Yes    No   How many are available? \_\_\_\_\_
- Does your cat prefer to go to the bathroom outside?    Yes    No
- Are all the pets in your home on heartworm and flea prevention?    Yes    No
- Please list all of the products, medications, or supplements your cat is using (including flea/tick and heartworm prevention):

Product/Medication/Supplement	Directions

- What kind of diet do you feed your cat? \_\_\_\_\_
- Do you feed your cat treats?  Yes  No  
If Yes, how many times per day? \_\_\_\_\_
- How is your pets appetite? \_\_\_\_\_
- What kind of exercise does your cat get? \_\_\_\_\_
- How many scratching posts are available to your cat? \_\_\_\_\_

### Unusual Behavior

- Does your cat scratch or bite at its skin or seem itchy?  Yes  No
- Have you noticed any weight loss or gain?  Yes  No
- Any recent change in your cat's skin or coat?  Yes  No
- Any recent change in behavior or activity level?  Yes  No
- Have you noticed your cat is sneezing?  Yes  No  
If Yes, how often? \_\_\_\_\_
- Have you noticed your cat is vomiting?  Yes  No  
If Yes, how often? \_\_\_\_\_
- Any signs of pain such as: slow to get up or down or jump, tremor or weakness in the rear legs, or protecting a certain body part?  Yes  No  
If Yes, how where? \_\_\_\_\_
- Any recent changes in your cat's behavior when defecating or urinating?  Yes  No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any other questions or concerns about your pet's condition?  Yes  No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_