



## LIFESTYLE ASSESSMENT FOR CATS

Please answer the following questions in order to assist us in evaluating your cat's medical requirements.

Cat's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client/Owner's Name: \_\_\_\_\_  
Last First

1. Where was your cat obtained? \_\_\_\_\_
2. Does your cat ever go outdoors, even if supervised? YES or NO.  
If yes, please describe: \_\_\_\_\_
3. Has your cat ever fought with another animal? YES or NO.
4. Is your cat ever groomed professionally? YES or NO.
5. Has your cat ever traveled outside of Aurora, Colorado in the past? YES or NO.  
If yes, where? \_\_\_\_\_
6. Are you planning on traveling in the future with your cat? YES or NO.  
If yes, where? \_\_\_\_\_
7. Does your cat have a history of medical problems or do you have any other animals with chronic medical conditions? YES or NO.  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Has your cat had a history of reactions to any vaccinations? YES or NO.  
If yes, what was the vaccination and associated reaction?  
\_\_\_\_\_  
\_\_\_\_\_
9. Does your cat have any contact with individuals with a weakened immune system? YES or NO.
10. Is your cat receiving any medications, supplements or vitamins? YES or NO.  
If yes, please list them: \_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out this questionnaire. In the future, we will periodically ask you to review it for changes.