**Feline Disease-Risk Assessment**

**Form & Lifestyle Review**

**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Our practice’s goal is to provide you with the up-to-date pet health information***

***you need to make an informed decision about your pet’s health care!***

1. Where does your pet spend it’s time?

  Indoors

  Outdoors

  In and Out

*If indoor ONLY, please skip to question #5*

2. Is there wildlife in your area, including deer,

mice, squirrels, birds, raccoons, rats, or skunks?

  Yes  No

3. Do you frequently see mosquitoes near where

your cat goes outdoors?

  Yes  No

4. Does your cat have an opportunity to drink from

water outdoors (ponds, puddles, water bowls, etc)?

  Yes  No

5. How many other pets are in your home? \_\_\_\_

How many dogs? \_\_\_\_\_\_

How many cats? \_\_\_\_\_\_\_

Other? \_\_\_\_\_\_\_

6. My cat comes into contact with other pets:

  Yes…  While boarded in a kennel

  While professionally groomed

  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

7. Is your cat currently on a heartworm preventive?

  Yes (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

8. Is your cat currently on a flea and tick preventive?

  Yes (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

9. Is your cat on any medications?

  Yes (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

10. Has your cat ever become sick after a vaccination?

  Yes  No

11. Which best describes your cat’s weight?

  Too thin  Normal weight

  Gained a few pounds  Needs to lose weight

12. Which best describes your cat’s breath?

  Not bad for a cat’s breath

  Unpleasant

  Really bad (needs mouthwash)

13. Please check any of the conditions that your pet

has experienced:

  Itching or Chewing  Crying

  Fleas or Ticks  Eye discharge

  Change in weight  Vomiting

  Change in behavior  Sneezing

  Frequent urination  Change in appetite

  Increased thirst  Leaking or dribbling urine

  Urinating outside of

 the litterbox

14. Do you have pet insurance?

  Yes (Name of Provider ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

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