



Countrycare Animal Complex
Lifestyle Assessment
Feline

Microchip? Yes No If yes - ID number: _____

PLEASE FILL OUT THIS INFORMATION SO WE CAN BEST CARE FOR YOUR PET

Nutrition:

Brand of food or diet: _____ Dry Canned
 Number of cups food/meal: _____ Number of feedings/day: One Two Three Free-Choice

Describe Your Pet 's Exercise Program?

Lifestyle :

Indoor Only Indoor / Outdoor (supervised) Indoor / Outdoor (unsupervised) Outdoor Only
 General lifestyle: Family Pet Breeding Show

Where does your pet sleep? _____

Does your pet travel anywhere _____

Would you prefer primarily conventional medicine or a natural/holistic approach to your pet's care?

Conventional Medicine (medications, surgery) Integrative Medicine -both conventional & holistic Holistic Medicine (herbs, chiropractic, etc.)

Current Parasite Prevention Program (Check all that apply)

Deworm monthly Frontline Other product _____
 Deworm every 3 months None Vetripenl

FeLV risk

Do you have multiple cats in your household? Yes No
 Do you plan on adding any more cats to your home? Yes No
 Has another cat in your house ever tested positive for FeLV? Yes No

Places your cat visits (check all that apply) Boarding Grooming

Flea / Intestinal Worm Risk

Contact with other animals (including dogs)? Yes No
 Have you ever seen a flea on your pet or in your home? Yes No
 Do you have rabbits or outdoor cats around your home? Yes No

Reasons to avoid / limit vaccinations:

Any previous reaction to a vaccination? Yes No
 Does your pet have an immune compromising medical condition? Yes No
 A personal preference to avoid vaccinations? Yes No