

**SENIOR FELINE RISK ASSESSMENT FORM**

Rev. 7/15

Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Where does your cat spend its time?  Indoors 100%  
 Indoor & outdoor only occasionally      If outdoors:  
 Indoors/outdoors 50/50       leashed  
 Outdoors all the time:       free roaming

2. What are you currently feeding your cat?

- Dry      Brand \_\_\_\_\_ Amount:  \_\_\_\_\_ c. per day     free choice  
 Canned      Brand \_\_\_\_\_ Amount:  \_\_\_\_\_ per day     free choice  
 Semi-moist    Brand \_\_\_\_\_ Amount:  \_\_\_\_\_ per day     free choice  
 Other \_\_\_\_\_

3. Is your cat on any supplements? Y or N  
If yes, list: \_\_\_\_\_

4. Is your cat on any medications? Y or N  
If yes, list: \_\_\_\_\_

5. Is your cat on monthly heartworm prevention? Y or N  
If yes, list: \_\_\_\_\_

6. What do you think about your cat's weight?  
 very thin       a little underweight       ideal       a little overweight       obese

7. Have you noticed any **changes** in:

Body weight (heavier or lighter than before).....Y or N  
Appetite (eating more or less than usual)..... Y or N  
Water consumption (filling the water dish more often)..... Y or N  
Urine production (more frequent cleaning or more/larger clumps in the litterbox)..... Y or N  
Haircoat or skin or grooming behavior.....Y or N  
Activity Level (lays around more, more active)..... Y or N  
Attitude (more irritable or more loving)..... Y or N  
Sleep Routines..... Y or N  
Litterbox use (goes to the litterbox more frequently)..... Y or N

(OVER)

8. Have you **noticed** any of the following:

- Fleas or ticks on your cat.....Y or N
- Lumps or bumps on the body.....Y or N
- Bad breath, drooling, or reluctance to chew.....Y or N
- Loss of vision (can't see play toys as well, eyes more dilated).....Y or N
- Loss of hearing (doesn't hear you call him/her).....Y or N
- Stools harder than normal.....Y or N
- Vomiting or diarrhea.....Y or N
- Stiffness or reluctance to run and play.....Y or N
- Panting, heavy breathing, or coughing.....Y or N
- Urination or defecation outside of the litterbox.....Y or N

9. Do you have any other health concerns?.....Y or N

10. Do you have any behavioral concerns?.....Y or N

11. Do you:

- Board your cat.....Y or N
- Travel with your cat.....Y or N
- Have health insurance on your cat.....Y or N

12. If you have answered **YES** to anything in questions 7-10, please list the number and explain.

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**In order to keep our records up to date, please list the pets that you currently own.**

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Survey Questions:

- 1. Were you aware that cats could contract heartworm infection?.....Y or N
- 2. Are you aware that we offer:
  - cat boarding?.....Y or N
  - chiropractic services?.....Y or N
  - Standard Process Whole Food Supplements for pets.....Y or N

Signature \_\_\_\_\_ Date \_\_\_\_\_