

Animal Care Hospital

Annual Feline Lifestyle Survey Risk Assessment

An annual examination is the single most important health service your pet needs. Cats with a serious disease often appear healthy. Regularly scheduled health evaluations facilitate early detection.

Name: _____ Microchip: _____ Date: _____
Age: Adult Senior Geriatric
Last Fecal Test: _____
FeLV/FIV Test: _____
Last Screening Bloodwork: _____
Last Dental Cleaning: _____
1. How would you describe Pet weight? Overweight Ideal Weight Underweight
2. Where does Pet spend most his/her time? Indoors Indoors Mostly Outdoors Mostly

Please list below all brands/names and the amount of ALL foods, treats and any other foods Pet currently eats, including foods used to administer medications:

Food	Brand	Amount	Times per Day	How Long on This Diet?
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Dry: _____

Can: _____

Treats: _____

Would you like a food/Treat Recommendation:

RISK ASSESSMENT: The following information will be used to adequately determine the protection needs of your pet with an extended vaccination protocol, as defined by the American Veterinary Medical Association (AVMA).

- Additional pets in the household? Dogs# ____ Cats# ____ Other
- Does your cat go outside unsupervised? Y N
- Is your cat adequately grooming itself? or Itchy /scratching self? Y N
- Has your cat changed its eating or drinking habits? Y N
- Has your cat changed litter box habits? Y N
- Is there potential for this cat to be exposed to other cats? Y N
- Does your cat have a microchip? Y N
- Does your cat have fresh non-odorous breath? Y N
- Which flea preventative are you currently using?
 - o Frontline Gold
 - o Revolution
 - o Other _____

Based on the information you have provided in the risk assessment our doctors will make health, vaccine and parasite prevention recommendations

SHOULD YOUR PET'S LIFESTYLE CHANGE BEFORE YOUR NEXT VISIT, PLEASE CALL ANIMAL CARE HOSPITAL