

Omaha Animal Medical Group

Cat Lifestyle Assessment Form

Cat's Name _____ Age _____
Sex _____ Breed _____ Color _____
If more than one pet, # of cats _____ #of dogs _____ Other _____
Microchip number (if known) _____

Help us learn more about your cat by checking all of the following that apply:

- My cat lives totally indoors, never goes outside, even on an enclosed porch.
- I feed the stray cats in the neighborhood.
- My cat never sits in an open window or is exposed to the outside.
- My cat is declawed.
- My home or apartment has a chimney. Please describe the type of screen in front of your chimney.

- My cat loves to sit on the screened-in porch or on the sill in front of an open window. The porch or window is located on the () first floor () second floor or above.
- My cat stays in the backyard at all times.
- My cat is outdoors only, never coming indoors.
- My cat loves to roam the neighborhood.
- My cat in indoors most of the time and only goes outside in the backyard.
- I remove ticks from my cat () daily () weekly () monthly () never.
- My cat gets into fights with () other cats () dogs () other.
- My cat visits or lives on a farm or other rural facility.
- My cat goes to the groomer.
- A groomer comes to my premises to groom my cat.
- My cat has tested positive for feline leukemia or feline AIDS in the past.
- My cat was purchased from a pet store. (Store Name _____)
- My cat was purchased from the humane society.
- My cat was adopted from a private household (not a breeder).
- My cat was a stray.
- My cat was purchased from a breeder. (Registered Name _____)
- My cat boards when we go on vacation.
- My cat travels with me with we go on vacation.
- A pet sitter comes to my house when we go away on vacation.
- My cat is afraid of () other cats () dogs () people.
- My cat is afraid to visit the veterinary hospital.
- I or someone in my family experiences chemotherapy, diabetes, or another immune suppressive disease/disorder.