

# Corvallis Cat Care



## Your Cat's Lifestyle

Cat's Name \_\_\_\_\_ Date \_\_\_\_\_

- Pet Insurance?                       Microchipped?

Where does your cat spend their time?

- Indoor Only (100%)    Outdoor Only    Indoor/Outdoor  
 Indoor with Supervised Outside Time  
 Other (Please Explain) \_\_\_\_\_

Is your cat a hunter?    Yes    No    Just Toys

If yes, what does your cat hunt?

- Anything and Everything    Birds    Rodents    Bugs    Bats  
 Rabbits    Snakes    Lizards    Other \_\_\_\_\_

Does your cat get in fights?    Yes    No

What is your cat's bathroom habit?

- Uses a Litterbox    Goes Outside    Goes Inappropriately

What type of litterbox does your cat use?

- Regular (Open)    Hooded    Self-cleaning

What type of litter does your cat use? eg: wood based, clumping \_\_\_\_\_

How many litterboxes are available to your cat? \_\_\_\_\_

How many animals live in your household?   \_\_\_\_\_Cats   \_\_Dogs   \_\_Other

Are any of the pets new to your household?    Yes    No

If yes, who/what is the new pet? \_\_\_\_\_

Do you use any type of flea control?    Yes    No

If yes, which type of flea control do you use?

- Advantage    Frontline    Revolution    Flea Combing    Comfortis  
 Capstar    Retail Product or Other \_\_\_\_\_

When was the last time you applied the flea treatment? \_\_\_\_\_

What type of diet do you feed your cat?    Dry    Canned    Home-Made    Raw

What brand of cat food does your cat eat? \_\_\_\_\_

Do you feed treats or scraps?    Yes    No

If yes, please describe? \_\_\_\_\_

Please list any medications or supplements your cat is taking, and how often you give them:

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