



VESTAL VETERINARY HOSPITAL

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LIFESTYLE SURVEY

For _____
Pet's Name Last Name

Please help us to learn more about your cat by checking all of the following that apply:

- My cat lives totally indoors, never going outside, even on an enclosed porch
- My cat lives with other pets () cats () dogs () ferrets () other _____
- No other cats in the household ever go outside
- I feed the strays in my 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 on 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 () 1st floor () 2nd floor or above
- My cat stays in the backyard at all times
- My cat is outdoors only, never coming indoors
- My cat is indoors most of the time and only goes outside in the backyard
- My cat loves to roam the neighborhood
- I remove ticks from my cat daily/weekly/monthly (circle the one that applies)
- My cat gets into fights with () other cats () dogs () other _____
- My cat goes to the groomer every _____ weeks
- A groomer comes to my premises to bathe my cat
- My cat has tested positive for feline leukemia in the past
- My cat has tested positive for feline immunodeficiency virus (FIV, feline AIDS)
- My cat was purchased from a pet store/humane society/shelter (circle which)
- 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 away on vacation
- My cat travels with me when I 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 clinic
- I or someone in my family experiences chemotherapy, diabetes, or another immune suppressive disease

Name of person completing survey _____ Date _____