

# Feline Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: \_\_\_\_\_

Name of Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  Spayed/Neutered

Date of last preventive care visit: \_\_\_\_\_

1. How many cats live in your home? \_\_\_\_\_
2. How many dogs? \_\_\_\_\_
3. Other pets in household include: \_\_\_\_\_

## Travel and outdoors

4. How much time does your cat spend outside every day? \_\_\_\_\_ hours
5. Do you take your cat to any of the following (check all that apply):
  - Organized events or competitions
  - Day care
  - Boarding or grooming facilities
  - Other activities with other cats? (specify) \_\_\_\_\_
6. Do you travel with your cat?  Yes  No  Where do you go? \_\_\_\_\_
7. Do you take your cat on any outdoor activities?  Yes  No
8. Does your pet have exposure to possible tick contact?  Yes  No

## Home environment and home care

9. Do you observe wild animals or other wildlife in your neighborhood?
  - Feral Cats
  - Squirrels, Chipmunks, Skunks or Small Rodents
  - Raccoons
  - Deer
  - Wild Canines (Coyotes, Foxes)  Other \_\_\_\_\_
10. Do you or your cat visit homes where there are pets?  Yes  No
11. Do other pets come visit at your house?  Yes  No
12. Does anyone with compromised immune systems live in or visit your home?  Yes  No
13. Have you seen evidence of fleas, ticks or worms on any of your pets in your home?  Yes  No
14. Have you noticed any fleas or ticks on your cat?  Yes  No
15. Does your cat use the litter box, go outside, or both? \_\_\_\_\_
16. Please list **all** of the products, medications or supplements your cat is using,
  - Flea or tick control products \_\_\_\_\_
  - Pain medications (including prescriptions, aspirin or supplements) \_\_\_\_\_
  - Dental products (including chews) \_\_\_\_\_
  - Heartworm preventive \_\_\_\_\_
  - Others \_\_\_\_\_
17. What kind of diet do you feed your cat? \_\_\_\_\_
18. Do you feed your cat treats?  Yes  No  If so, how many times per day? \_\_\_\_\_
19. What kind of exercise does your cat get? \_\_\_\_\_

## Unusual behavior

20. Does your cat scratch, bite at its skin or seem "itchy"?  Yes  No
  21. Have you noticed
    - Yes  No Any weight loss or gain?
    - Yes  No Any change in your cat's skin or hair coat?
    - Yes  No Any recent change in your cat's behavior or activity level?
    - Yes  No Any signs of pain, like slow to get up or down, tremor or weakness in rear legs, protective of certain body part?
    - Yes  No Any recent changes in your cat's behavior when defecating or urinating?
- Please describe the changes: \_\_\_\_\_

Please initial your understanding and agreement with the following policies of Acadian Animal Hospital:

- Payment Policy:**
- We accept cash, check, VISA, and MasterCard.
  - For additional payment solutions, we offer and accept Care Credit, which offers flexible payment plans with NO OR LOW INTEREST. Ask us about their payment plans today if you are interested.
  - Pet Insurance: We recommend Veterinary Pet Insurance (VPI), which is the largest pet insurance company in the US. Ask us about how pet insurance works today.
  - Full payment is required at discharge.
- Flea Policy:** For the safety and well being of your pets, any animal found to have evidence of fleas (or other internal/external parasites) will be given a flea preventative immediately. Appropriate flea control is one of the precautionary measures the hospital takes to ensure your pets comfort.
- Hospitalization:**
- An estimate of charges will be given for services.
  - I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise, and I agree to pay in full for all services provided at the time of discharge.
  - I understand that I will be contacted prior to treatment, if possible, should complications occur. In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Acadian Animal Hospital, LLC and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
  - I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given.
  - I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment.
  - I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Acadian Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge.
  - I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my pet may need to have another procedure at a future date at my expense.
  - No guarantee or assurance can be made as to the results that may be obtained.
- Emergency Care Policy:** The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Acadian Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my pet. I understand I will be responsible for all charges incurred at checkout.
- Disaster Preparedness Policy:** In the event of a natural or man-made disaster, there may be times when practices cannot maintain custody of boarded or hospitalized patients. This may be due to unavailability of staff, loss of power for heat or air-conditioning, or unsafe or unsanitary conditions within the facility. In such an event, we will attempt to contact the owner and local contact to apprise them of the situation and future plans. We will also attempt to have up-to-date information on our website at [www.acadiananimalhospital.com](http://www.acadiananimalhospital.com). Rest assured, our patients are our top priority, and we will do everything within our power to provide for their safety and well being during such a disaster.
- Photo Release:** I, the undersigned, do hereby consent and agree that Acadian Animal Hospital, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pet(s) and to use them in any and all media, now or hereafter known, and exclusively for the purpose of medical records and education of clients.

X

Authorized Agent  
Owner