



Feline Assessment Form

How many pets are in your home?

Dogs Cats Other (please list animal type)

Travel & Outdoors

How much time does your cat spend outside each day? hours

Do you take your cat to any of the following? (check all that apply)

☐ Boarding ☐ Grooming ☐ Other _____

Do you travel with your cat? ☐ Yes ☐ No

If Yes, where do you go? _____

Do you take your cat on any outdoor activities? ☐ Yes ☐ No

Home Environment & Home Care

Do you observe wild animals or other wildlife in your neighborhood? (check all that apply)

☐ Feral Cats ☐ Squirrels ☐ Chipmunks ☐ Skunks ☐ Rodents ☐ Raccoons ☐ Deer
☐ Wild Turkeys ☐ Wild Canines (Coyotes/Fox) ☐ Other _____

Do you or your cat(s) visit homes where there are other pets? _____ ☐ Yes ☐ No

Do other pets come to visit at your home? _____ ☐ Yes ☐ No

Does anyone with a compromised immune system live in or visit your house? _____ ☐ Yes ☐ No

Have you seen evidence of fleas, ticks, or worms in any of your pets or in your home? ☐ Yes ☐ No

Does your cat use the litter-box _____ ☐ Yes ☐ No

Does your cat prefer to go to the bathroom outside? _____ ☐ Yes ☐ No

Which pets do you treat for fleas, ticks, internal parasites or heart-worms _____ ☐ Dog(s) ☐ Cat(s)

Feline Assessment Form

(continued)



**MOUNTAIN VISTA
VETERINARY SERVICES**

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Eureka, MT 59917
(406) 478-6887

Please list all of the products, medications, or supplements your cat is using.
(including flea/tick and heart-worm prevention)

Product / Medication / Supplement	Directions

What kind of diet do you feed your cat? _____ ☐ Yes ☐ No

Have you noticed any weight loss or gain? _____ ☐ Yes ☐ No

Any recent change in your cat's skin or coat? _____ ☐ Yes ☐ No

Any recent change in behavior or activity level? _____ ☐ Yes ☐ No

Any signs of pain such as: slow to get up or down or jump, tremor or weakness
in the rear legs, or protecting a certain body part? _____ ☐ Yes ☐ No

Any recent changes in your cat's behavior around the litter box? _____ ☐ Yes ☐ No

If yes, please describe:
