

Please take a minute to update your personal information for our records: Date: _____

Pet's name: _____ Owner's name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

How would you like us to send you reminders? (Please circle one)

E-Mail: _____ Postcard _____ Both _____

Candlewood Animal Hospital Feline Risk Assessment Form.

Please answer the following questions to help us determine an appropriate vaccination protocol and parasite control for your cat.

1. Does your cat live Strictly Indoor Outdoor? Indoor/Outdoor (choose one)
2. What food is your cat currently eating? _____
And how much and how often do you feed? _____
3. How many cats live in your household? _____
4. How many litter boxes do you have in the house? _____
5. Does your cat like to hunt? Yes No
6. Do you have any questions or concerns about a particular vaccination for your cat? Y N
If yes, which one(s)? _____
7. Is your cat on flea and tick prevention? Yes No
If yes, **year round** or **seasonally**? (circle one)
Which product? _____
8. Is your cat on any medications and/or supplements? Yes No
If yes, please list (medication and dosing) _____
9. Do you have any concerns regarding your cat that you'd like to discuss today? _____

THANK YOU!