

"9-Lives" Checklist

Owner name _____ Cat's name _____ Date _____

Please place a check mark next to any event your cat has experienced *during the past 12 months*, the approximate date of the event, and put a ✓ in the appropriate box in the last columns (worse, same, better) next to any events that affected your cats disease.

<i>During the past 12 months, my cat has experienced</i>	Estimated Date	Effect on Cat's Disease		
		Worse	Same	Better
<input type="checkbox"/> Death or departure of a pet family member				
<input type="checkbox"/> Death or departure of a human family member				
<input type="checkbox"/> Serious hassle in the household (injury, illness, other)				
<input type="checkbox"/> New human in the household (spouse, baby, friend, child, other relative)				
<input type="checkbox"/> New pet(s) in the household				
<input type="checkbox"/> Change in schedule (work, school, travel, vacation, retirement)				
<input type="checkbox"/> Visitors (friends, relatives, etc.)				
<input type="checkbox"/> Construction around the house (inside or outside)				
<input type="checkbox"/> Changes of season				
<input type="checkbox"/> Weather changes/Severe storm/Earthquake				
<input type="checkbox"/> New house/apartment				
<input type="checkbox"/> Frequent loud noises (house/car alarms, neighbors, etc.)				
<input type="checkbox"/> Boarding				
<input type="checkbox"/> Remodeling				
<input type="checkbox"/> Moving/rearranging furniture				
<input type="checkbox"/> Neighborhood cats outdoors				
<input type="checkbox"/> Exam time (for students)				
<input type="checkbox"/> Holidays				
<input type="checkbox"/> Change in diet				
<input type="checkbox"/> Change in litter				
<input type="checkbox"/> Travel (car, train, plane)				
<input type="checkbox"/> Other (please describe below)				

How difficult has this problem been for you and your family to deal with?

- Not difficult
- A little difficult
- Moderately difficult
- Very difficult

Resource Checklist and Client Action Plan

The following questions ask about the indoor environment of your cat (s). There are no right or wrong answers; we just want to learn more about your cat's environment. Please check yes or no after each question. If a question does not apply to your home, please check NA; if you don't know, please check DK. If you want to comment on any of the questions, please write the number of the question and your comments in the space below the questionnaire.

How many total cats live in your house?					ACTION
Food and Water					Client Target Date / Priority
Yes	No	NA	DK		
1	Does each cat have its own food bowl?				
2	Does each cat have its own water bowl?				
3	Are the bowls located in a convenient location that provides some privacy while it eats or drinks?				
4	Are bowls located such that another animal cannot sneak upon this cat while it eats or drinks?				
5	Are bowls washed regularly (at least weekly) with a mild detergent?				
6	Are bowls located away from appliances and air ducts that could come on unexpectedly?				
SPACE					
7	Does each cat have its own resting area in a convenient location that provides some privacy?				
8	Does each cat have a safe hiding area?				
9	Are perches provided so each cat can look down on their surroundings?				
10	Can each cat move about freely, explore, climb, stretch, and play if it chooses to?				
11	Is a radio or TV left playing when the cat is home alone?				
SOCIAL CONTACT					
12	How many hours a day are you in sight of your cat?				_____ (hours/day)
13	How many minutes a do you spend petting your cat?				_____ (minutes/day)
14	How many minutes a do you spend playing with your cat?				_____ (minutes/day)
15	Does each cat have a variety of toys to play with?				
16	Does each cat have many toys to choose from?				
17	Do your cats like to play with toys?				
18	Can each cat play with other animals or the owner if it chooses to?				
BODY CARE					
19	Are horizontal scratching posts provided?				
20	Are vertical scratching posts provided?				
21	How many total litter boxes are in your house?				
22	Does each cat have its own litter box?				
23	Are litter boxes located in a convenient, well-ventilated location that still gives the cat some privacy while using it?				
24	Are litter boxes located on more than one level in multi-level homes?				
25	Are litter boxes located so that the cat has easy access to and from the box?				
26	Are litter boxes located away from appliances and air ducts that could come on unexpectedly?				
27	Are litter boxes washed regularly?				
28	Is unscented litter used?				
29	Is clumping litter used?				
30	Is the type of litter used kept consistent?				
31	Is the litter scooped as soon after use as possible (just as we flush after each use); at least daily?				

→ Comments: Please use the back of the page, and include the question number.