EXAMPLE HISTORY FORM

Is the cat primarily:
- [ ] Indoor
- [ ] Outdoor
- [ ] Both
- [ ] Other (eg, access to large indoor locations such as sunrooms)

Are there other pets in the household?
- [ ] Yes
- [ ] No
If yes, please provide species and number: 
_______

Please describe the cat’s activity level:
- [ ] Low
- [ ] Moderate
- [ ] High

Please describe the cat’s current physical activity (eg, chases a toy for 5 minutes twice per week):
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Does the cat have a condition that requires exercise restriction (eg, coughing, joint pain, recent surgery, respiratory disease, heart disease)?
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