

SENIOR HEALTH CHECKLIST: CAT

Please take a moment to answer the following questions for your cat's appointment.

Client: _____ Cat: _____ Date: _____ Sex: M or F Spay/Neutered: Y or N

X *all that apply to your cat!!*

BEHAVIORAL/NEUROLOGICAL:	
	Is not himself/herself
	Is not seeking as much attention and interacts less with the family
	Sleeping patterns have changed
	Objects to being handled or has become aggressive
	House training habits have changed, sometimes has accidents
	Hearing loss and/or poor vision (circle all the apply)
ACTIVITY/ORTHOPAEDICS:	
	Changes in activity levels and behavior
	No longer wants to play
	Has difficulty jumping or climbing with usual heights/stairs
	Has difficulty negotiating the litter box
	Resents being picked up or carried
	Seems stiff and painful
BODY FUNCTIONS:	
	Bad breath, red swollen gums, dribbles (circle all that apply)
	Has difficulty chewing
	Eating habits have changed
	Gained or lost weight (circle one)
	Drinking more than usual
	Urinating more frequently and/or straining to urinate (circle one)
	Vomiting, diarrhea, constipation, straining (circle all that apply)
SKIN AND COAT:	
	Does not groom himself/herself as well
	Changes in skin or coat
	Skin is flaky and/or coat is scruffy
	Noticed new lumps and bumps
HEART AND LUNGS:	
	Coughing/sneezing
	Breathing is more rapid and shallow
	Tires quickly and/or seems short of breath

Current Dietary Information:

What foods and treats do you currently feed your cat (list all):

How often and how much?

Do you have any specific questions or concerns about your cat?

Veterinarian Recommendations:

Recommended diet: _____

Feeding amount: Dry: _____ cups per day Canned: _____ can(s) per day To be divided into _____ meals per day.

Additional comments: _____

Next recommended appointment: _____