

Senior Health Checklist: Cat

Please complete the following checklist for your cat's appointment.

Cat's name: _____

Breed: _____

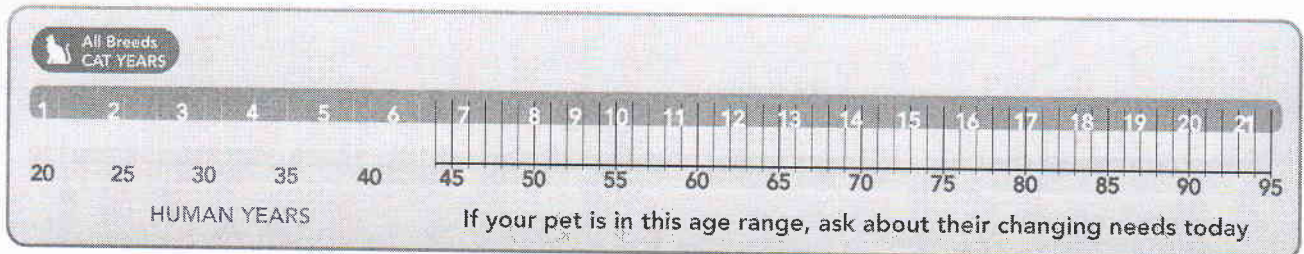
Date: _____

Age: _____

Owner's name: _____

Sex: Male Female

Your cat's age in human years:



(✓) Check all that apply to your cat:

BEHAVIOURAL/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 and/or has become aggressive
- House-training habits have changed, sometimes has accidents
- Hearing loss and/or poor vision

BODY FUNCTIONS

- Bad breath, red swollen gums, dribbles (circle all that apply)
- Difficulty chewing
- Eating habits have changed
- Gained/lost weight (circle one)
- Drinking more water than usual
- Urinating more frequently and/or straining to urinate
- Vomiting, diarrhoea, constipation, straining (circle all that apply)

ACTIVITY/ORTHOPAEDICS

- Change in behaviour or activity level
- No longer wants to play
- Difficulty jumping
- Seems stiff and painful
- Difficulty negotiating the litter tray
- Resents being picked up

SKIN AND COAT

- Does not groom him/herself as well
- Changes in coat or skin
- Skin is flaky and/or coat is scruffy
- New lumps or bumps

HEART/LUNGS

- Coughing
- Breathing is more rapid and shallow
- Tires rapidly or seems short of breath



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Current dietary information

What foods and treats do you currently feed your cat?

How often and how much?

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

Veterinarian recommendation

Recommended diet: _____

Feeding amount:

Dry: _____ gm per day/ _____ cups per day

Canned: _____ cans per day

To be divided into _____ meals per day

Veterinarian comments

Next appointment: _____



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