

Cat Health Assessment 1

Date:	Owner:
Cat's name:	Age:
Breed:	Sex:

Diet, vaccination and parasite control

What food(s) do you mainly feed your cat?	
How many meals do you feed each day?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Free access
Do you feed any supplements/treats?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what?
When (approx) was your cat last vaccinated?	<input type="checkbox"/> Less than a year <input type="checkbox"/> 1-2 years ago <input type="checkbox"/> 3-4 years ago <input type="checkbox"/> Longer
Do you use a flea and/or tick preparation?	<input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 months <input type="checkbox"/> Every 3 months <input type="checkbox"/> Less often <input type="checkbox"/> Never What do you use?
Do you use a wormer preparation	<input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 months <input type="checkbox"/> Every 3 months <input type="checkbox"/> Less often <input type="checkbox"/> Never What do you use?
Do you use a heartworm preventive	<input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 months <input type="checkbox"/> Every 3 months <input type="checkbox"/> Less often <input type="checkbox"/> Never What do you use?

Activity levels - Compared with previously:

Are activity levels ...	<input type="checkbox"/> Increased <input type="checkbox"/> About the same <input type="checkbox"/> Decreased
Is there any lameness or stiffness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there any difficulty getting up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there difficulty getting in/out of the litter tray?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there any difficulty jumping?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there any difficulty going up/down stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure



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Cat Health Assessment 2

General health - has there been any:

Change in weight?	<input type="checkbox"/> Increased	<input type="checkbox"/> No change	<input type="checkbox"/> Decreased
Change in appetite?	<input type="checkbox"/> Increased	<input type="checkbox"/> No change	<input type="checkbox"/> Decreased
Change in thirst?	<input type="checkbox"/> Increased	<input type="checkbox"/> No change	<input type="checkbox"/> Decreased
Change in urination?	<input type="checkbox"/> Increased	<input type="checkbox"/> No change	<input type="checkbox"/> Decreased
Change in the odour of the breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Change in the appearance of teeth (eg, discolouration)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Coughing or change in breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Vomiting or diarrhoea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Difficulty passing faeces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Difficulty passing urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Lumps or bumps you have noticed on the skin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Change in your cat's coat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Changes that may suggest poorer eye sight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Changes that may suggest poorer hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Is your cat on any medication? ... if so what?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

General behaviour - have you noticed any:

Change in your cat's responsiveness (eg, how eager to greet you or play with you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Loss of litter tray training (eg, urinating or defecating outside the litter tray)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Change in the amount of time your cat spends sleeping or changes in the sleeping pattern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Confusion or disorientation (such as wandering aim- lessly, persistent miaowing)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
Altered behaviours (such as anxiety, fear, phobias, aggression, becoming withdrawn etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

Please note any other concerns you have, or further comments on the questions above:



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