

HealthCare Sheet | **CatCareforLife**

Mature lifestage: 7 - 10 years



This HealthCare Sheet is designed to be printed so that you can take it with you to the veterinary clinic as a reminder for both you and your vet of the things to discuss. There is space for you or your vet to make notes and record information.

Note: Items in black should be undertaken at each visit, items in light grey are optional or required at only some visits.

Vet Clinic: _____

Examined by: _____

Cat's name: _____

Owned by: _____

Date of examination: _____

Age of cat: _____

Items to be checked and discussed:

- | | |
|---|--|
| <input type="checkbox"/> Medical/surgical history | <input type="checkbox"/> Physical examination |
| <input type="checkbox"/> Oral and dental assessment | <input type="checkbox"/> Nutritional assessment |
| <input type="checkbox"/> Environment & behaviour | <input type="checkbox"/> Vaccination review |
| <input type="checkbox"/> External parasite control | <input type="checkbox"/> Internal parasite control |
| <input type="checkbox"/> Blood tests | <input type="checkbox"/> Urine tests |

Items to check and record:

- | | | |
|--|--|--|
| <input type="checkbox"/> Weight: _____ | <input type="checkbox"/> Body Condition Score: _____ | <input type="checkbox"/> Muscle Condition Score: _____ |
| <input type="checkbox"/> Blood pressure: _____ | <input type="checkbox"/> Urine concentration: _____ | |

Other information and discussion points:

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> FeLV test: _____ | <input type="checkbox"/> FIV test: _____ | <input type="checkbox"/> Faecal test | <input type="checkbox"/> Thyroid function test |
|---|--|--------------------------------------|--|

Notes, recommendations and comments:

DATE OF NEXT EXAMINATION (recommended at least every 12 months): _____