international cat care

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?	☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ Free access
Do you feed any supplements/treats?	☐ Yes ☐ No If Yes, what?
When (approx) was your cat last vaccinated?	☐ Less than a year ☐ 1-2 years ago ☐ 3-4 years ago ☐ Longer
Do you use a flea and/or tick preparation?	☐ Monthly ☐ Every 2 months ☐ Every 3 months ☐ Less often ☐ Never What do you use?
Do you use a wormer preparation	☐ Monthly ☐ Every 2 months ☐ Every 3 months ☐ Less often ☐ Never What do you use?
Do you use a heartworm preventive	☐ Monthly ☐ Every 2 months ☐ Every 3 months ☐ Less often ☐ Never What do you use?

Activity levels - Compared with previously:	
Are activity levels ...	☐ Increased ☐ About the same ☐ Decreased
Is there any lameness or stiffness?	☐ Yes ☐ No ☐ Not sure
Is there any difficulty getting up?	☐ Yes ☐ No ☐ Not sure
Is there difficulty getting in/out of the litter tray?	☐ Yes ☐ No ☐ Not sure
Is there any difficulty jumping?	☐ Yes ☐ No ☐ Not sure
Is there any difficulty going up/down stairs?	☐ Yes ☐ No ☐ Not sure

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Cat Health Assessment 2

General health - has there been any:	
Change in weight?	☐ Increased ☐ No change ☐ Decreased
Change in appetite?	☐ Increased ☐ No change ☐ Decreased
Change in thirst?	☐ Increased ☐ No change ☐ Decreased
Change in urination?	☐ Increased ☐ No change ☐ Decreased
Change in the odour of the breath?	☐ Yes ☐ No ☐ Not sure
Change in the appearance of teeth (eg, discolouration)?	☐ Yes ☐ No ☐ Not sure
Coughing or change in breathing?	☐ Yes ☐ No ☐ Not sure
Vomiting or diarrhoea?	☐ Yes ☐ No ☐ Not sure
Difficulty passing faeces?	☐ Yes ☐ No ☐ Not sure
Difficulty passing urine?	☐ Yes ☐ No ☐ Not sure
Lumps or bumps you have noticed on the skin?	☐ Yes ☐ No ☐ Not sure
Change in your cat's coat?	☐ Yes ☐ No ☐ Not sure
Changes that may suggest poorer eye sight?	☐ Yes ☐ No ☐ Not sure
Changes that may suggest poorer hearing?	☐ Yes ☐ No ☐ Not sure
Is your cat on any medication? ... if so what?	☐ Yes ☐ No ☐ Not sure
General behaviour - have you noticed any:	
Change in your cat's responsiveness (eg, how eager to greet you or play with you)	☐ Yes ☐ No ☐ Not sure
Loss of litter tray training (eg, urinating or defecating outside the litter tray)?	☐ Yes ☐ No ☐ Not sure
Change in the amount of time your cat spends sleeping or changes in the sleeping pattern?	☐ Yes ☐ No ☐ Not sure
Confusion or disorientation (such as wandering aimlessly, persistent miaowing)?	☐ Yes ☐ No ☐ Not sure
Altered behaviours (such as anxiety, fear, phobias, aggression, becoming withdrawn etc.)?	☐ Yes ☐ No ☐ Not sure
Please note any other concerns you have, or further comments on the questions above:	

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