



Cat Wellness Checklist/Update

Your Cat's Name: _____ Age: _____ Today's Date: _____

1. Has your cat's weight changed unexpectedly recently?
 - My cat has lost interest in food and is losing weight
 - My cat is being fed the same amount but is losing weight
 - My cat is eating the same amount but is gaining weight
 - My cat is eating more and gaining weight
 - My cat's weight has not changed recently

2. Have you noticed any recent changes in your cat's water consumption?
 - My cat seems to be thirstier and drinks more water
 - My cat appears to drink less water than before
 - My cat drinks about the same amount of water as always

3. Have you noticed any of the following characteristics in your cat's stool?
 - Nothing unusual
 - Fresh blood and/or mucus
 - Black, tarry color
 - Rice-like white specks on stool that sometimes move
 - Bowel movements in inappropriate places

4. Have you noticed any changes in your cat's urination habits?
 - Nothing unusual
 - My cat urinates more frequently than before
 - My cat seems to strain to urinate
 - My cat's urine is dark
 - My cat urinates in inappropriate places
 - My cat's urine has blood in it

5. Is excessive grooming and/or hair loss a problem in your cat?
 - No
 - Yes

6. Does your cat seem to be scratching excessively in any of the following areas?
 - Around the ears
 - All over the body
 - Around the anal area
 - My cat scratches only occasionally

Over, please →

7. Does your cat have any of the following breathing problems? (check all that apply)

- A honking "cough"
- Wheezing
- Cat snores loudly
- Panting
- None of the above

8. Has your cat been vomiting?

- No
- Yes

If yes, does the vomit contain food or a hairball? If yes, please specify.

- No
- Yes _____

9. Has your cat's vocalization increased/decreased since your last checkup?

- No
- Yes

10. Is your cat on heartworm prevention?

- No
- Yes

11. Is your cat on a flea control treatment?

- No
- Yes

12. Does your cat show any of these behaviors?

- Hiding more
- Aggressive (hissing, biting, scratching) towards people or other pets
- Shows destructive behaviors such as scratching or chewing of objects
- None of the above

13. What brand of food is your cat eating? _____

- Dry
- Wet

14. Does your cat spend any time outdoors?

- No
- Yes

If yes, what percentage of time is spent outside? _____

15. Any other questions or concerns regarding your cat? _____
