

Edmonds Veterinary Hospital

Adult Feline Health Assessment

Pets Name _____ Age _____ Today's Date _____

Please check the option that best applies; circle small print if applicable

Eyes/Vision

- No changes
- Discharge
- Blinks/squints
- Appear 'blue' or cloudy
- Other _____

Ears/Hearing

- No changes
- Odor
- Scratching ears or head shaking
- Other _____

Oral Hygiene

- No odor
- Odor mild/strong
- I can see plaque/tartar
- Can't chew well; food falls out of mouth
- Other _____

Limbs

- Gets around well
- Limp occ/frequently
- Difficulty with or no longer jumps
- Other _____

Heart/Respiratory Health

- Seems to breath fine and is active
- Wheezing sound while breathing
- Open mouth breathing
- Other _____

Internal Systems

- I haven't noticed anything different
- Increased drinking
- Vomiting occasional/often
- Stool Consistency hard/firm/soft
- Weight loss or gain
- Other _____

Urinary Health

- No problems noted
- Missing the litter box (urine)
- Urination increased/decreased
- Other _____

Skin/Haircoat

- Good, soft, glossy coat
- Losing Hair
- Dull coat
- Skin dry/flakey/oily/odor
- Excessive Grooming
- Scratches frequently
- Other _____

Exercise

- Cats-Active and Playful
- We have a variety of cat toys and actively engage them in play
- No planned activities

Appetite

- Good
- Eats a little less
- Poor
- Other _____

Behavior

- Vocalization increased/decreased
- Tolerance nipping/biting
- Missing the litter box urine/stool
- Loss of grooming (cats)
- Other _____

Nutrition and Body Condition

- Food _____
- I think my pet is overweight
- I think my pet is underweight
- I think my pet is about the right weight
- I am interested in a nutritional plan at no charge

Do you routinely treat your pet for Fleas and Internal Parasites? No Yes How Often _____