

CLOCKTOWER ANIMAL HOSPITAL

Symptoms Checklist for Cats

Daytime contact phone number: _____

To be completed by the pet owner:

Does your cat:

Orthopedic Issues

Please check all the boxes that apply to your pet

- Have difficulty jumping to counter/bed?
- Have difficulty rising from a resting place?
- Show signs of pain [hiding, unusually quiet, vocalizing]?
- Show stiffness or limping?
- Ever been diagnosed with arthritis or a bone disease?
- Ever given aspirin or other OTC or holistic medication?

Body Function

- Any change in litter box habits?
- Have increased thirst?
- Have increased or decreased urination?
- Vomit more than occasionally?
- Have bad breath?
- Have diarrhea or constipation?
- Experienced weight loss or gain?
- Have an altered appetite?
- Have a change in activity level?
- Noting any excessive tearing or rubbing at the eyes?

Heart/Lung

- Have coughing or sneezing?
- Display increased panting?
- Tire more rapidly or shortness of breath?

Neurologic

- Noted circling, head tilts or repetitive movements?
- Display confusion or disorientation?
- Have less interaction with family?
- Have a loss of enthusiasm or decreased responsiveness?
- Have tremors or shaking?
- Have a change in sleeping patterns?

Skin and Coat

- Have hair coat changes, lumps or bumps?
- Have you noted an odor from the skin or change in grooming habits?
- Exhibit scratching, licking or chewing?

What foods and treats are you currently feeding? _____ How often? _____

Do you have any specific questions or concerns about your pet? _____



Circle your Cat's Age in "Human Years"

Relative Age of Your Pet in "Human Years"	
Cat	Human
3 months	5 years
6 "	10
1 year	15
2	24
5	36
8	48
12	64
15	76
18	88
21	100