



EXAM CHECKLIST FOR CATS

Please check all that apply to your cat:

- My cat is strictly indoors or is inside/outside (circle one).
- My cat has bad breath.
- My cat's eating habits have changed.
- My cat is drinking more water than usual.
- My cat is urinating more frequently than usual.
- My cat's litter box habits have changed and he/she sometimes has accidents.
- My cat's bowel habits have changed (increased frequency, diarrhea, constipation, straining) (circle all that apply).
- My cat vomits more than occasionally.
- My cat has discharge from the eyes.
- My cat has been coughing or sneezing.
- I have noticed a change in my cat's behavior or activity level.
- My cat has changes in haircoat, skin, or new lumps or bumps.

What foods/treats are you currently feeding your cat and how often?

What do you use for flea/tick control? Refill needed?

List any maintenance medications your cat is taking. Refill needed?

List any specific questions or concerns about your cat.

Pet: _____

Date: _____

Owner: _____

AGE	cat's age in human years
1	7
2	13
3	20
4	26
5	33
6	40
7	44
8	48
9	52
10	56
11	60
12	64
13	68
14	72
15	76
16	80
17	84
18	88
19	92
20	96
21	100
22	104
23	108
24	112
25	116

Circle your cat's age in human years

color key

- adult
- senior
- geriatric

