

Pet:		
Date:		
Owner: _		

# **Symptoms Checklist for Senior Cats**

Please check all that apply to your cat:

	<b>BEHAVIOR</b>	/ NEUROLOGIC	
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- ☐ My cat is just not acting like himself/herself.
- ☐ My cat is not seeking as much attention and interacts less with the family.
- ☐ My cat seems confused or disoriented.
- ☐ My cat has been vocalizing for no apparent reason.
- ☐ My cat's sleeping patterns have changed.
- ☐ My cat has had tremors or episodes of shaking.

☐ My cat has bad breath and red or swollen gums.

☐ My cat has displayed circling, head tilts, or repetitive movements.

#### **BODY FUNCTIONS**

☐ My cat has difficulty chewing.
☐ My cat's eating habits have changed.
☐ My cat has gained / lost weight. (circle one)
☐ My cat is drinking more water than usual.
☐ My cat is urinating more frequently than usual.
☐ My cat is urinating or defecating outside of the litter box.
☐ My cat's bowel habits have changed
(increased frequency, diarrhea, constipation, straining). (circle all that apply
☐ My cat vomits more than occasionally.

## **HEART / LUNGS**

- ☐ My cat has been coughing, or seems winded after playing.
- ☐ My cat tires more rapidly or seems short of breath.

☐ My cat seems to have trouble seeing or hearing.

### **ACTIVITY / ORTHOPEDICS**

- ☐ I have noticed a change in my cat's behavior or activity level.
- ☐ My cat has difficulty climbing stairs and jumping.
- ☐ My cat limps, especially after exercise.
- ☐ My cat shows signs of pain.

# **SKIN AND COAT**

- $\hfill \square$  My cat scratches, licks, and chews excessively.
- ☐ My cat has changes in haircoat, skin, or new lumps or bumps.
- ☐ My cat's skin has an odor.

What foods and treats are you currently feeding your cat?

How often?
Do you have any specific questions or concerns about your cat?

Circle Your Cat's Age in Human Years

AGE	Weight (0-20lbs)
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

#### **COLOR KEY**

YOUNGSTER	
ADULT	
SENIOR	
GERIATRIC	