



**SENIOR / GERIATRIC CAT HEALTH-CHECK
OWNER QUESTIONNAIRE**

PATIENT:	OWNER:	DATE:
AGE:	BREED:	GENDER: F FN M MN

HAVE YOU NOTICED ANY CHANGES IN YOUR CAT'S.....	YES	NO	NOT SURE	COMMENTS
THIRST ?				
APPETITE ?				
EATING HABITS ?				
BREATH ?				
WEIGHT ?				
BEHAVIOUR ?				
MOBILITY or AGILITY ?				
ENERGY LEVELS ?				
URINATION or DEFECATION ?				
TOILET HABITS ?				
GROOMING ?				
COAT CONDITION ?				
CLAWS ?				
BODY CONDITION ?				
BREATHING ?				
EYES, EARS or NOSE ?				
ANYTHING ELSE ?				

SENIOR / GERIATRIC CAT HEALTH-CHECK MOBILITY QUESTIONNAIRE

<i>QUESTION</i>	<i>YES</i>	<i>NO</i>	<i>NOT SURE</i>	<i>COMMENTS</i>
<p>Have you noticed any changes in your cat's ability or enthusiasm to:</p> <ul style="list-style-type: none"> • GO UP +/-or DOWN STAIRS ? • USE THE CAT FLAP ? • JUMP ONTO or OFF THE BED / SOFA / WORK-TOPS / YOUR LAP etc. ? • JUMP or CLIMB INTO THEIR FAVOURITE BED ? • PLAY ? • CLIMB TREES / FENCES etc. ? • USE SCRATCHING POSTS ? 				
<p>Have you noticed any of the following:</p> <ul style="list-style-type: none"> • A STIFF GAIT ? • LIMPING ? • VOCALISATION or HISSING WHEN MOVING AROUND or BEING STROKE OVER CERTAIN AREAS OF THE BODY ? 				
<p>Have you noticed any of the following changes in your cat's behaviour:</p> <ul style="list-style-type: none"> • GRUMPY or LESS HAPPY WITH PEOPLE or OTHER PETS ? • MORE WITHDRAWN / INTERACTING LESS WITH OTHER PEOPLE or PETS ? • LESS ACTIVE ? • SLEEPING IN DIFFERENT LOCATIONS e.g. ON THE FLOOR ? • NOT COMING UPSTAIRS / INTO THE HOUSE AS MUCH ? • PASSING URINE OR FAECES IN ABNORMAL PLACES e.g. NEXT TO THE LITTER TRAY or IN OTHER LOCATIONS ? • A REDUCED APPETITE ? • CHANGES IN COAT CONDITION e.g. MATTED or SCURFY ? • CHANGES IN GROOMING BEHAVIOUR e.g. GROOMING LESS or NEGLECTING CERTAIN AREAS or OVERGROOMING CERTAIN AREAS ? 				
<p>To your knowledge, has your cat had any musculoskeletal injuries in the past ?</p>				