



“Senior Care Program Name” FELINE HEALTH REPORT CARD

Today’s Date: _____ Date of Last Exam: _____ Age _____ Sex _____ WT _____

Cat’s Name: _____ Owner’s Name: _____

Examining Veterinarian: _____ Date of Next Exam: _____

Weight Assessment

- Thin, Underweight, Ideal, Overweight, Obese, Diet & Exercise

Mouth, Teeth, Gums

- Normal, Tartar Buildup, Broken Teeth, Gingivitis (Red Gums), Periodontal Disease, Other, Date last Dental Exam

Respiratory System

- Normal, Breathing Difficulty, Coughing, Nasal Discharge, Other

Laboratory Tests

- CBC, Urinalysis, Fecal, Heartworm Exam, EKG, Pre-anesthetic Screen, Other

Eyes

- Normal, L__ R__ Vision Changes, L__ R__ Discharge/Ulcer, L__ R__ Eye Pressure, Other

Gastrointestinal System

- Normal, Diarrhea, Vomiting, Anal Sacs, Other

Skin & Coat

- Normal, Itchy, Dull, Scaly, Dry, Oily, Shedding, Fleas, Other

Ears

- Normal, Hearing Changes, Excessive Hair/Wax, Inflamed, Odor/Discharge, Mites, Other

Urinary & Reproductive Systems

- Normal, Abnormal Urination, Mammary Mass, Urinary Tract Infection (UTI), Other

Musculoskeletal System

- Normal, Stiffness, Lameness, Arthritis, Other

Heart

- Normal, Murmur, Arrhythmia, Other

Central Nervous System

- Normal, Circling, Head Tilting, Ataxia (lack of coordination), Disorientation, Behavior Changes, Other

Recommendations: _____

Other Observations: _____

Blank lines for Recommendations

Blank lines for Other Observations