



Senior Cat Symptom Checklist

Please check all that apply to your cat

Pet Name: _____

Owner Name: _____

Date: _____



Body Functions:

- My cat has bad breath and red or swollen gums.
- 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'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 seems to have trouble seeing or hearing.

Heart / Lungs:

- My cat has been coughing or sneezing.
- My cat seems to be panting more.
- My cat tires more rapidly or seems short of breath.

Activity / Orthopedics:

- I have noticed a change in my cat's behavior or activity level.
- My cat has difficulty jumping to counters/beds.
- My cat seems stiff and has difficulty rising from a resting position.
- My cat shows signs of pain (hiding, unusually quiet, or vocalizing).

Skin / Coat:

- 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 and/or I have noticed changes in grooming habits.

Behavior/Neurologic:

- My cat is just not acting like himself/herself.
- My cat interacts less with the family.
- My cat seems confused or disoriented.
- My cat has been meowing or whimpering for no apparent reason.
- My cat's sleeping patterns have changed.
- My cat has had tremors or episodes of shaking.
- My cat has displayed circling, head tilts, or repetitive movements.

| 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 |

Color Key:

Adult

Senior

Geriatric

What foods and treats are you currently feeding your cat? (including table scraps and people food) _____

How often? _____

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

