

MAYFAIR ANIMAL HOSPITAL

My Cat's Health Checklist



Please check all that apply to your cat:

- My cat is indoor, outdoor or both. (circle one)
- My cat digs a lot in our inside potted plants.
- My cat has bad breath and/or red or swollen gums.
- My cat has difficulty chewing or has other changes in eating habits.
- My cat is drinking more water than usual.
- My cat's litter-box habits have changed (urine or stool outside of the litter box, urinating more frequently, diarrhea, straining and/or constipation)
- My cat vomits more than once per week.
- My cat has been coughing or sneezing.
- My cat's behavior or activity level has changed.
- My cat has difficulty jumping on to the counter/bed.
- My cat shows signs of pain (hiding, unusually quiet, or vocalizing).
- My cat has skin and/or hair coat changes.
- My cat's grooming habits have changed.
- My cat scratches its ears and/or shakes its head.
- My cat has lumps that have changed or are new.

What pet health insurance do you have? _____

What heartworm prevention are you currently using? _____
Date Last Given: _____

What flea/tick control product are you currently using? _____
Date Last Given: _____

What medications and/or supplements is your cat currently taking?

Dosage: _____

What foods and treats are you currently feeding your cat?

How much/often are you feeding? _____

Has your cat ever had a vaccine reaction? _____

What other pets are in your household?

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

Date: _____

Pet: _____

Owner: _____

Preferred Contact #: _____

Circle Your Cat's Age in Human Years

My Cat's Age in Human Years

My Cat's Age	Equivalent Human Age
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

Kitten 0-1 yr.

Adult 2-6 yrs.

Senior 7+ yrs.