Feline quality of life assessment

Date: __________________________

Your name: __________________________ Your cat’s name: __________________________

Email: __________________________________________

Phone: ____________________________ / best time to reach: ____________________________

Second phone: ____________________________ / best time to reach: ____________________________

Most recent diagnosis, if any: __________________________________________

Please complete the following. Your observations help us understand what your cat is able/not able to do at home. This will help us suggest a plan for keeping your cat comfortable and preserving his/her quality of life.

1. Is your cat exhibiting any of the following behaviors:
   - _______ Over grooming or constantly licking a particular area of his/her body
   - _______ Sitting hunched in a “spinx-like” position
   - _______ Difficulty jumping up and/or down
   - _______ Moving more slowly than usual/decreased mobility
   - _______ Just not his-or herself

2. Does your cat appear to be uncomfortable? _______ Yes _______ No
   If yes, what behaviors or symptoms is your cat showing? Examples: restlessness/ unable to settle in one spot, stiff slow gait ____________________________________________________________________________

3. Is your cat using his/her litter box? For urine? _______ Yes _______ No
   For stool? _______ Yes _______ No
   Does your cat appear to have any difficulty getting in or out of the litter box? _______ Yes _______ No
   What is the consistency of your cat’s stool:
   _______ Normal _______ Loose/runny _______ Hard and dry
   How often does your cat defecate? _______ Daily _______ More than once a day _______ Every other day _______ Less than every other day

4. How would you describe your cat’s appetite?
   _______ Normal _______ Less than normal _______ Eating very little _______ Not eating at all
   At what time of day is your cat eating? (Check all that apply.)
   _______ Morning _______ Noon _______ Evening _______ During the night _______ Nibbles thru the day
   What foods is your cat eating? ____________________________________________________________________________
   Have you offered any additional or new foods? _______ Yes _______ No
   Please list: __________________________________________________________________________________________

5. How would you describe the appearance of your cat’s coat/fur?
   _______ Well groomed _______ Unkempt looking _______ Mattted
   Do you see your cat grooming him/herself? _______ Face/paws only _______ Whole body

6. Has your cat’s behavior CHANGED when it comes to any of the following:
   _______ Looking out the window _______ Spending time/interacting with you
   _______ Sleeping with you _______ Playing / activity level
   _______ Regular routines _______ Watching you / looking at you
   _______ Sleeping / napping _______ Interacting with other pets.