

FELINE GENERAL OBSERVATION SHEET

Animal ID: _____ AGE: _____ <small>months</small> <small>years</small> Intake Date: ____ / ____ / ____				MASTER PROBLEM LIST																											
Sex: <input type="checkbox"/> M <input type="checkbox"/> MC <input type="checkbox"/> F <input type="checkbox"/> FS Weight: _____ <i>lbs</i> _____ <i>kgs</i>				Date Examined: ____ / ____ / ____ Examined By: _____																											
Vaccine Status: <input type="checkbox"/> Current on intake <input type="checkbox"/> Vaccinated on: ____ / ____ / ____ <i>Type of Vaccine(s) given:</i> <input type="checkbox"/> FVRCP (SQ) <input type="checkbox"/> FVRCP (IN) <input type="checkbox"/> Rabies				History/ Treatment Plan: _____ _____ _____ _____ _____ _____																											
FIV Status: <input type="checkbox"/> Unknown <input type="checkbox"/> Negative <input type="checkbox"/> Positive																															
FeLV Results: <input type="checkbox"/> Unknown <input type="checkbox"/> Negative <input type="checkbox"/> Positive																															
Parvo Tested: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date tested: ____ / ____ / ____																															
Surgeries Performed: <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Dental <input type="checkbox"/> Other: _____ Date of Surgery: ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____																															
<input type="checkbox"/> IF Checked USE CAUTION with this Animal																Record Observations Daily															
Today's Date:																															
Attitude: (BAR,QAR, Obtunded)																															
H ₂ O consumption (+/-)																															
Appetite (+/-)																															
Feces(+/-) <i>Describe</i> (N,L,D,BD)																															
Urine (+/-) <i>note if abnormal</i>																															
Vomiting (+/-) <i>IF +, Please note character & # of times/day</i>																															
Coughing/Sneezing (0,1,2,3)																															
Wound/Skin Check																															
Other :																															
Other :																															
Medication ♦ Dosage ♦ Frequency		TREATMENTS- Please intital after each administration to document treament performed																													
R_x:		1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd			
R_x:		1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd			
R_x:		1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd			
Comments: _____ _____ _____ _____																															

Condition Scoring key:

Conditions should be checked at least once each day by an RVT or member of the medical team, and the results recorded in the appropriate box on the front of this sheet.

ATTITUDE SCORE:

BAR: Bright, Alert, Responsive

QAR: Quiet, Alert, Responsive

OBTUNDED: Dull, unresponsive

APPETITE & H₂O (water) CONSUMPTION :

- : Not Eating/drinking

+ : Eating/Drinking

FECES SCORE:

- : No feces seen in cage

+ : Feces seen in cage

if Animal has defecated please characterize feces as

N= normal

L =loose

D =diarrhea

B =blood i.e. BD, BL

URINE SCORE:

- : No urine observed in cage

+ :Yes, *please characterize only if urine appears abnormal.*

VOMITING

- : No urine observed in cage

+ :Yes

If YES please characterize and record number of times or piles seen

Mucous: M

Undigested food: UF

Liquid or fully digested food: L

Bile tinged or yellowish: Y

Bloody: B

Other: Please describe in box or use comment line

COUGH/SNEEZING SCORE:

0: No cough

1: Mild harsh, dry cough and/or occasional sneeze

2: Frequent harsh, dry cough and/or excessive sneezing

3: Strong moist cough

WOUND/SKIN CHECKED:

This is obviously subjective and may not be used at all if animal has no apparent conditions. Please use your own judgement. Suggested observations are listed below. You may also use the comment section if more description is required

Same: No change in condition

↓ : Wound or condition looks worse

↑ : Wound looks to be improving

Other:

*Use this section for observations not covered under defined categories
You may also use the comment section if more description is required*