|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** |  | |  | |  | |  | |  | |  | |  | |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| **INITIALS** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **APPETITE - Dry** |  | | | | | | | | | | | | | |
| Eating all |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| At least half |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nibbling/ Not eating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **APPETITE - Wet** |  | | | | | | | | | | | | | |
| Eating all |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| At least half |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nibbling/ Not eating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **WATER** |  | | | | | | | | | | | | | |
| Normal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Excessive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **URINE** |  | | | | | | | | | | | | | |
| Normal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Excessive |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloody \*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Straining \*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **STOOL** |  | | | | | | | | | | | | | |
| Score (1-7) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloody \*\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Straining |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **BEDDING USAGE** |  | | | | | | | | | | | | | |
| Ripped/ destroyed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine/ feces on it |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **VOMITING** |  | | | | | | | | | | | | | |
| Food |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NOSE** |  | | | | | | | | | | | | | |
| Clear discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colored discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloody discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sneezing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Coughing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EYES** |  | | | | | | | | | | | | | |
| Clear discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colored discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Red/irritated/swollen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FAS** |  | | | | | | | | | | | | | |
| Low |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Moderate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| High |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**NAME/DESCRIPTION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CURRENT LOCATION:**\_\_\_\_\_\_\_\_\_\_\_

**NAME/ DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CURRENT LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\* Alert Staff or DVM immediately

\*\* Alert Staff or DVM immediately