|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **LITTERBOX USAGE** |  |
| Inside |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outside but adjacent to box |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outside distant from box |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **VOMITING** |  |
| Food |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hairball |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NOSE** |  |
| Clear discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colored discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloody discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sneezing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EYES** |  |
| Clear discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colored discharge |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Red/irritated/swollen |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FAS** |  |
| Low  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Moderate  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| High  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

\*\* Alert Staff or DVM immediately

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

\*\* Alert Staff or DVM immediately