

# MAYFAIR ANIMAL HOSPITAL



## My Cat's Health Checklist

**Please check all that apply to your cat:**

- My cat is indoor      outdoor      or both
- 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? Yes      No

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? Yes      No

What other pets are in your household?  
\_\_\_\_\_

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

Date: \_\_\_\_\_

Pet: \_\_\_\_\_

Owner: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_

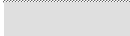
## Click on Your Cat's Age

### 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.