# **Geriatric Cat Health Observations**

# Eating/drinking

<ul> <li>Have your cat's food preferences changed in the last year?</li> <li>Has your cat's appetite decreased or increased?</li> <li>Are special enticements or is other assistance needed to get your cat to eat?</li> <li>Does your cat drop food while eating or have trouble chewing or swallowing?</li> <li>Does your cat have an increased thirst?</li> <li>Does your cat vomit hairballs, food, or liquid? How often?</li> </ul>	• What are your cat's favorite foods and treats? (Record on the Nutrition and Treat Log on page 19)
<ul> <li>Are special enticements or is other assistance needed to get your cat to eat?</li> <li>Does your cat drop food while eating or have trouble chewing or swallowing?</li> <li>Does your cat have an increased thirst?</li> </ul>	• Have your cat's food preferences changed in the last year?
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• Does your cat vomit hairballs, food, or liquid? How often?	• Does your cat have an increased thirst?
	• Does your cat vomit hairballs, food, or liquid? How often?

# Weight

• What is your cat's current weight?
• Has your cat lost weight without being on a diet or without getting extra exercise?
• When you pet your cat, can you more easily feel your cat's spine, hips, or ribs?
• Has your cat been gaining weight? Does your cat appear to have more belly fat?

## Sleep

• Where does your cat prefer to sleep? • How many hours does your cat sleep during an average day? Does your cat sleep peacefully? • What does your cat do if they get up during the night? • Does your cat sleep more during the day than they used to and less at night? • Does your cat sleep more overall? • Has your cat started sleeping in unusual or out-of-the way locations?

# **Activity level**

- What are your cat's favorite activities, toys, and games?
- Who are your cat's favorite people?
- Who are your cat's least favorite beings (new visitors, neighborhood cats, neighborhood dogs, anything in the backyard, etc)
- Does your cat have other favorite animal friends or playmates?
- Has your cat started resting in out-of-the-way places (closet, guest bedroom, in a corner, under the bed)?

Excerpt from the "GERIATRIC CAT HEALTH & CARE JOURNAL" drmarygardner.com

• Has your cat's activity decreased?

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• If so, over what time period – the last few days, weeks, or months – or during the last year?

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## Strength and vitality

Has your cat's energy decreased in the last year?
Does your cat seem less interested in playing or exploring new things?
Is your cat weaker during exercise or less tolerant of exercise?

#### Mobility

- Does your cat "bunny hop" down the stairs? (This may indicate joint pain.)
- ------
- Does your cat less frequently jump on or off the bed, couch, or other favorite perch?
- ------
- Have your cat's scratching post preferences changed?
- .....
- Does your cat "sharpen" their claws less often?
- ------
- Does your cat drag their toes?
- ------
- Has your cat's gait changed (walks slower or limps)?

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# Urine, feces, and litter box use

Have you noticed an increase or decrease in urination?
Any urination or fecal accidents outside of the litter box?
Has the appearance or consistency of your cat's feces changed? Any diarrhea? Constipation?
Does your cat pass a fecal ball without seeming to notice?
Does your cat involuntarily leak urine?
Does your cat lick their hind end excessively?

## Ears, eyes, nose, mouth, throat, and breathing

• Have you noticed a change in your cat's hearing?
• Is your cat more or less reactive to noises?
• Does your cat have vision problems in bright light? In dim light? At night?
• Does your cat have a runny nose or sneeze often?
• Does your cat have watery or gooey discharge around the eyes?
• Does your cat have bad breath?

Does your cat's meow sound different?
Does your cat breathe faster or heavier?
Any coughing?
Does your cat purr more often than usual? Or less often?

## Skin, coat, and toenails

• Does your cat have increased or excessive itching?
• Have you found lumps or bumps on or under the skin?
• Does your cat have unpleasant or odd skin or ear odor?
• Does your cat excessively lick or chew their skin or fur?
• Is your cat's skin or fur flaky, dry, or oily?
• Does your cat's fur look unkempt?
• Does your cat groom himself less often? (Does your cat have mats or a soiled rear end?)
Have you noticed longer claws?
• Does your cat enjoy being brushed or combed?

• Is your cat's coat thinning? Dull?

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• Does your cat shed excessively or have areas of hair loss?

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## Temperature and overall comfort

• Does your cat seek out new or unusual areas to rest that are warm, cold, soft, sunny, or hard?

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• Does your cat's fur seem fluffed up?

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- Does your cat sit in a hunched position?
- ------
- Does she shiver or tremble?
- ------
- Does your cat pant, or breathe with an open mouth?

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#### Mentation

(If your cat exhibits these signs, see also the "Cognitive Assessment and Health Concerns for Cats" form on pages 21-24.)

- Is your cat less interested in greeting you when you get home?
- .....
- Has your cat been less interactive with the family?
- ------
- Is your cat more clingy or anxious?
- .....
- Does your cat pace during the day or night?

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• Does your cat stare off into space?
• Does your cat seem irritable or act more aggressively?
• Does your cat seem disoriented or distant?
• Does your cat become agitated at certain times of the day?
• Does your cat get stuck in odd locations or appear lost?
• Does your cat vocalize inappropriately (meow at night for no apparent reason)?
• Does your cat circle? (If so, is it one direction or both?)
• Has your cat had a seizure?