

Appendix 6

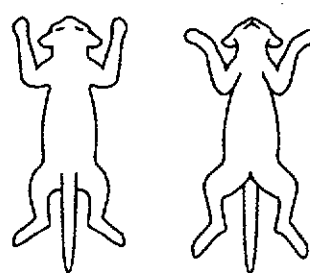
Hospital Name
Hospital Address
Phone Number

Client _____ Cat _____ Date _____
Examined By: _____ Technician/Assistant: _____

Weight _____ Temp _____
Age _____ F FS M MN
Diet _____

<p>1. ATTITUDE <input type="checkbox"/> Normal/Alert <input type="checkbox"/> Other _____</p> <p>2. HYDRATION <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>3. COAT & SKIN <input type="checkbox"/> Normal <input type="checkbox"/> Flea comb negative <input type="checkbox"/> Other _____</p> <p>4. EYES <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>5. EARS <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>6. NOSE AND THROAT <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>7. MOUTH, TEETH AND GUMS <input type="checkbox"/> Normal <input type="checkbox"/> Tartar <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> Gingivitis <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> Mucus membrane color <input type="checkbox"/> Pink <input type="checkbox"/> Pigmented <input type="checkbox"/> Other _____</p> <p>8. LEGS AND PAWS <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>DESCRIPTION (Numbers below correspond to numbers above)</p>	<p>9. WEIGHT <input type="checkbox"/> Normal <input type="checkbox"/> Other _____ <input type="checkbox"/> Overweight by _____ <input type="checkbox"/> Underweight by _____</p> <p>10. HEART (Normal heart rate in clinic 160-200) <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Fast (HR -) <input type="checkbox"/> Murmur Grade (/ VI) <input type="checkbox"/> Other _____</p> <p>11. LUNGS <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>12. ABDOMEN <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>13. GASTROINTESTINAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>14. UROGENITAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>15. LYMPH NODES, TONSILS, & THYROID GLANDS <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p> <p>16. CENTRAL NERVOUS SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Other _____</p>
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<p>Vaccines given today <input type="checkbox"/> FVRCP / SN: <input type="checkbox"/> Rabies # (yr)</p> <p><input type="checkbox"/> Feline leukemia / <input type="checkbox"/> Other _____</p>	<p>Future vaccines <input type="checkbox"/> FVRCP <input type="checkbox"/> in 3-4 weeks <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Rabies <input type="checkbox"/> in 3-4 weeks <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Feline leukemia <input type="checkbox"/> in 3-4 weeks <input type="checkbox"/> Other _____</p>
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LAB WORK

☐ Feline leukemia virus _____

☐ Feline immunodeficiency virus _____

☐ Fecal flotation _____

☐ Baseline testing _____

☐ Comprehensive profile _____

☐ Heartworm test _____

☐ Urinalysis _____

☐ Other _____

RECOMMENDED HANDOUTS

☐ Vaccine risk vs. benefits

☐ Dental protocol

☐ Rec. for cats that go outdoors

☐ Flea treatment protocol

☐ Explanations of diagnostic testing

☐ Introducing your new cat

☐ Heartworm information

☐ Other _____

Assessment

Recommendations

Next Visit