VET VISIT HELPER

Cat symptom observation sheet

Record useful facts without trying to diagnose at home. Bring this sheet, photos and packaging to the clinic.

WHAT HAPPENED

- [ ] Date and exact time first noticed: _____
- [ ] Main sign or change: _____
- [ ] How often and how long: _____
- [ ] Possible food, plant, medicine, chemical or object exposure: _____

TODAY'S BASICS

- [ ] Food eaten and last normal meal: _____
- [ ] Water intake: less / usual / more
- [ ] Urine: none / less / usual / more / straining
- [ ] Stool: none / normal / soft / liquid / blood
- [ ] Energy and movement: _____
- [ ] Breathing at rest or any open-mouth breathing: _____

FOR THE CLINIC

- [ ] Current medicines and supplements: _____
- [ ] Recent diet, home or routine changes: _____
- [ ] Video or photo captured safely: yes / no
- [ ] Clinic called at: _____ Advice given: _____

EMERGENCY REMINDER

- [ ] Difficulty breathing, collapse, seizure, repeated straining to urinate, pale or blue gums, eye trauma and suspected poisoning need urgent professional triage.

Do not give human medicine or induce vomiting unless a veterinarian or poison professional specifically directs you.

MOLLY & TIGER APPROVED