

Feline Mobility Assessment Form

| Pets name | |
|---|-------|
| Age | |
| Breed | |
| Is your cat an indoor or an outdoor cat? (delete as appropriate) What do you think is your cats ideal weight target? | |
| Cats are widely recognised as being very good and hiding pain and discomfort. In or give your cat the quality of life you would want from them, it is important to recognithose signs may be. | |
| Please use the below chart on a grade 1-5 (5 being the highest score) of how you they rate with their activity levels | think |
| Slowing down | |
| Playing less than usual | |
| Difficulty jumping or climbing the stairs | |
| Stiff when rising | |
| Not eating for as long as they used to | |
| Grooming less than they used to | |
| Difficulty using the litter tray/toileting accidents | |

| If so what? | |
|---|--|
| Now please write down what aspects of your cat's life you would most like to see improved | |
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| | |
| What treatments would you be willing to try? | |

Are there any other changes that you have noticed?

Supplements Pain relief

Physio Therapy Hydrotherapy