



Behaviour Log



Daily Owner Observations

Use this form to record observations of your cat's eating patterns and behaviour. Provide the completed log to your veterinarian. If your adult cat refuses food for more than 24 hours — or 12 hours for kittens less than 6 weeks old — see your veterinarian immediately.

Cat's Name: _____ Age: _____ Cat's Owner: _____

	Example	Date	Date	Date	Date	Date	Date	Date
DRY FOOD	18/09/2021	_____	_____	_____	_____	_____	_____	_____
Offered	25g	_____	_____	_____	_____	_____	_____	_____
Eaten, %	50%	_____	_____	_____	_____	_____	_____	_____
WET FOOD								
Offered	1 can, 1x	_____	_____	_____	_____	_____	_____	_____
Eaten, %	0%	_____	_____	_____	_____	_____	_____	_____
TREATS								
Offered	5	_____	_____	_____	_____	_____	_____	_____
Eaten, %	100%	_____	_____	_____	_____	_____	_____	_____
OTHER								
Offered	n/a	_____	_____	_____	_____	_____	_____	_____
Eaten, %	n/a	_____	_____	_____	_____	_____	_____	_____
DRINKING								
Observed drinking	<input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
LITTER TRAY (OBSERVE CLUMPS, CLEAN DAILY)								
Urination Frequency	3 x	_____	_____	_____	_____	_____	_____	_____
Defecation Frequency	1 x	_____	_____	_____	_____	_____	_____	_____
Consistency	Loose stools	_____	_____	_____	_____	_____	_____	_____
Color	Light brown	_____	_____	_____	_____	_____	_____	_____
BEHAVIOR								
Vomiting	Yes <input checked="" type="checkbox"/> / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Lethargic	<input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Increased vocalization	<input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Coughing	Yes <input checked="" type="checkbox"/> / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Decreased interaction /play	<input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
HOME								
Travel	<input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
New pets	Yes <input checked="" type="checkbox"/> / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Visitors	<input checked="" type="checkbox"/> Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

NOTES: _____

Monthly: Perform an at-home body condition assessment and monitor for changes.
For more information, visit (<insert url>)

