

Assessment of Health Characteristics



Owner:.....

Address:.....

City:.....

The cat is preferably at least 12 months old at the time of the examination

Pedigree name: Date of Birth:.....

Breed: Pedigree no.:

Color/EMS code..... Chipno.:

N=Normal / A = Anomalous.

Males: both testicles present: Yes No

Applicable to ALL breeding cats:

- | | | | |
|---------------------|--|------------------------|--|
| 1.Umbilical Hernia: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4.Suspected Entropion: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.Flatchest: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5.Suspected Ectropion: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.Kink Tail: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6.Poly-/Oligodactylie: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Skeletal Deformaties:

- | | | | |
|---------------------|---|----------------------|--|
| 7.Skull: | <input type="checkbox"/> N / <input type="checkbox"/> A | 10.Legs: | <input type="checkbox"/> N / <input type="checkbox"/> A |
| 8.Torso: | <input type="checkbox"/> N / <input type="checkbox"/> A | 11. Dorso vertebrae: | <input type="checkbox"/> N / <input type="checkbox"/> A |
| 9.Patella Luxation: | <input type="checkbox"/> N / <input type="checkbox"/> A | 12.Dwarfism: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Eyes:

- | | | | |
|--------------------|--|-----------------|--|
| 13.Size and shape: | <input type="checkbox"/> N / <input type="checkbox"/> A | 15.Tearstains: | <input type="checkbox"/> No/ <input type="checkbox"/> Yes |
| 14.Strabismus: | <input type="checkbox"/> No / <input type="checkbox"/> Yes | 16.Watery Eyes: | <input type="checkbox"/> No / <input type="checkbox"/> Yes |

Airways:

- | | | | |
|--------------|---|----------------|---|
| 17.Nose: | <input type="checkbox"/> N / <input type="checkbox"/> A | 19. Whiskers: | <input type="checkbox"/> N / <input type="checkbox"/> A |
| 18.Nostrils: | <input type="checkbox"/> N / <input type="checkbox"/> A | 20. Breathing: | <input type="checkbox"/> N / <input type="checkbox"/> A |

Jaws:

- | | | | |
|--------------------|--|-------------------|--|
| 21.Underbite >2mm: | <input type="checkbox"/> No / <input type="checkbox"/> Yes | 22.Overbite >2mm: | <input type="checkbox"/> No / <input type="checkbox"/> Yes |
| 23.Crooked jaw: | <input type="checkbox"/> No / <input type="checkbox"/> Yes | | |

Extra comments by vet:

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Date assessment:

Veterinary name, stamp & Signature