



Senior Cat Wellness & Care Planner

Ten printable worksheets to track your aging cat's health, nutrition, medications, litter habits, mobility, and quality of life, all in one organized place.

What's Inside

- 01** Daily Health Tracking Journal — weight, appetite, water, energy, litter
- 02** Vet Visit Prep Sheets — symptom logs and questions to ask
- 03** Medication & Supplement Tracker — dosage, timing, refills, side effects
- 04** Weight & Body Condition Chart — monthly log and feline 1-9 scoring
- 05** Litter Box & Appetite Log — urination, stool, food, and water
- 06** Senior Cat Nutrition Guide — calories, wet vs dry, renal diet
- 07** Vet Cost Comparison Worksheet — clinics, conditions, insurance
- 08** Quality of Life Scale — feline HHHHHMM scoring and tracking
- 09** End-of-Life Planning Guide — criteria, aftercare, support
- 10** Emergency Vet Info Cards — wallet-sized critical info

How to use this planner: Print the worksheets you need (print as many copies as you like, it is yours to reuse). Keep them in a binder or folder near your cat's supplies. Bring the health

journal, weight chart, and litter log to every vet visit, they help your veterinarian catch kidney disease, hyperthyroidism, and arthritis earlier, when they are easier to manage.

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Senior Cat Health Tracking Journal

Daily & Weekly Monitoring Log

AgingCatCare.com

How to Use This Journal

- Fill in one row per day, recording your cat's weight, appetite, water intake, energy, grooming, and litter box habits.
- Use the 1–5 rating scale (see legend below) for appetite, water intake, and energy scores.
- Check any warning signs you observe, and note litter box habits, grooming, jumping, or anything unusual.
- In cats, gradual weight loss, increased thirst or urination, and appetite changes are often early signs of kidney disease, hyperthyroidism, and diabetes, so log them carefully.
- At the end of each week, complete the Weekly Summary to identify trends.
- Use the Monthly Summary to track longer-term patterns and prepare for vet visits.
- Bring this journal to your veterinarian appointments for more informed discussions.

1 = Very Poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent

Daily Health Log

Date	Weight (lbs/kg)	Appetite (1–5)	Water Intake (1–5)	Energy (1–5)	Warning Signs	Litter Box / Notes
					<input type="checkbox"/> Hiding <input type="checkbox"/> Reduced grooming <input type="checkbox"/> Not jumping/reluctant to jump <input type="checkbox"/> Litter box changes <input type="checkbox"/> Increased vocalizing	
					<input type="checkbox"/> Hiding <input type="checkbox"/> Reduced grooming <input type="checkbox"/> Not jumping/reluctant to jump <input type="checkbox"/> Litter box changes <input type="checkbox"/> Increased vocalizing	
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Weekly Summary

Week 1

Week of: _____

Overall Trend: Improving Stable Declining

Notable Changes: _____

Questions for Vet: _____

Week 2

Week of: _____

Overall Trend: Improving Stable Declining

Notable Changes: _____

Questions for Vet: _____

Monthly Summary

Month 1

Month of: _____

Average Scores:

Appetite: _____ Water Intake: _____ Energy: _____

Weight Trend: Gaining Stable Losing

Starting Weight: _____ Ending Weight: _____

Key Observations: _____

Month 2

Month of: _____

Average Scores:

Appetite: _____ Water Intake: _____ Energy: _____

Weight Trend: Gaining Stable Losing

Starting Weight: _____ Ending Weight: _____

Key Observations: _____

Vet Visit Preparation Worksheet

FOR SENIOR CATS

AgingCatCare.com

Visit # _____ Date: _____ Vet / Clinic: _____
Cat's Name: _____ Age: _____

Pre-Visit Checklist

- Fasted if bloodwork is required
- Updated vaccination records available
- Brought current medication list
- Carrier lined with familiar bedding
- Brought fresh litter/urine sample if requested

Symptoms to Discuss

Symptom (weight loss, increased thirst/urination, vomiting, litter box changes, hiding)	When It Started	Severity (Mild / Moderate / Severe)	Frequency	Getting Better / Worse / Same

Questions to Ask

About Bloodwork & Lab Tests (kidney values, thyroid T4, blood glucose, urinalysis, blood pressure)

About Medications

About Diet / Nutrition (renal or therapeutic food, hydration)

About Pain / Arthritis & Mobility (jumping, litter box access)

About Dental Health & Upcoming Concerns

Post-Visit Action Items

Action	Due By	Notes

Next Appointment: Date _____ Purpose _____

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About Dental Health & Upcoming Concerns

Post-Visit Action Items

Action	Due By	Notes

Next Appointment: Date _____ Purpose _____

Daily Medication Checkbox Grid

Month: _____ Year: _____

MEDICATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Reactions observed:

Dosage changes discussed with vet:

Refill reminders:

Pharmacy / Supplier Info

Pharmacy / Supplier 1

Name: _____
Phone: _____
Website: _____
Account #: _____

Pharmacy / Supplier 2

Name: _____
Phone: _____
Website: _____
Account #: _____

Weight & Body Condition Chart

A printable worksheet for tracking your senior cat's weight and body condition

Cat's Name:	Breed:
Age:	Date Started:

1. Monthly Weight Log

Weigh your senior cat once a month, ideally on the same scale at the same time of day. A sudden or steady drop is one of the earliest signs of kidney disease (CKD), hyperthyroidism, diabetes, and cancer. Catching it early gives your cat the best chance.

Month	Date	Weight (lb)	Weight (kg)	Change	Notes
Month 1
Month 2
Month 3
Month 4
Month 5
Month 6
Month 7
Month 8
Month 9
Month 10
Month 11
Month 12

2. Feline Body Condition Score (1 to 9)

Body condition score (BCS) rates fat coverage on a 9-point scale. Run your hands over your cat's ribs, spine, and belly each month and circle the score that best matches. Scores 1 to 3 are too thin, 4 to 5 are ideal, and 6 to 9 are overweight.

Score	Category	What to look and feel for	This month
1	Emaciated	Ribs, spine and hip bones obvious from a distance. No fat at all. Severe muscle loss and a deeply tucked abdomen.	.....
2	Very thin	Ribs and spine easily visible. Minimal muscle. Pronounced waist and no abdominal fat pad.	.....
3	Thin	Ribs easily felt with little fat over them and may be visible. Obvious waist behind the ribs. Minimal belly fat.	.....
4	Lean / ideal	Ribs easily felt with a slight fat cover. Clear waist when viewed from above. Small abdominal fat pad.	.....
5	Ideal	Ribs felt with a thin fat cover. Waist visible behind the ribs from above. Minimal belly fat pad. Well proportioned.	.....
6	Slightly overweight	Ribs felt with slight extra fat. Waist hard to see. Noticeable rounding of the abdomen and a small fat pad.	.....
7	Overweight	Ribs hard to feel under moderate fat. Waist barely visible. Obvious belly rounding with a clear abdominal fat pad.	.....
8	Obese	Ribs hard to feel under heavy fat. No waist. Prominent abdominal fat pad and fat over the lower back.	.....
9	Severely obese	Ribs cannot be felt under thick fat. Heavy fat over the back, face and limbs. Large, distended belly with a swinging fat pad.	.....

3. Muscle Condition Score

Body condition and muscle condition are not the same thing. Senior cats often lose muscle mass (sarcopenia) even when their weight and BCS look normal, because fat can mask the loss. Gently feel the muscle over the skull, shoulder blades, spine, and hips each month and note whether it feels full, slightly reduced, or wasted.

Body area	Muscle: Normal / Mild loss / Moderate loss / Severe loss
Over the skull / temples
Shoulder blades
Spine / back
Hips / hind legs

4. When to Call the Vet

Contact your veterinarian promptly if your senior cat shows any of the following on this chart.

Loss of more than 0.5 lb (about 0.2 kg) between monthly weigh-ins

Loss of roughly 10% or more of body weight over any period

Any rapid or steady downward trend, even if each drop is small

Weight loss paired with increased thirst, appetite changes, or vomiting

A body condition score that keeps falling, or visible muscle wasting

This worksheet is for tracking and educational purposes only and is not a substitute for veterinary care. Weight ranges and body condition vary by breed and frame. Always consult your veterinarian about changes specific to your cat.

Litter Box & Appetite Log

A printable weekly worksheet for tracking your senior cat's elimination, food, and water

Cat's Name:	Breed:
Age:	Week Of:

1. Daily Litter Box Log

Tracking the litter box gives an early warning on the most common senior conditions. Kidney disease (CKD) usually means larger, more frequent urine clumps. Constipation is common in older cats, so watch for missed or hard stools. Straining or blood is a urinary emergency, especially in male cats, who can suffer a life-threatening blockage (FLUTD). Log every day for one week.

Date	# Urinations	# Stools	Stool consistency	Blood / straining?	Accidents outside box?	Notes
Day 1
Day 2
Day 3
Day 4
Day 5
Day 6
Day 7

2. Daily Food & Water Log

Appetite and thirst changes are key signals in senior cats. A rising water intake can point to CKD, hyperthyroidism, or diabetes, while a dropping appetite can quickly become dangerous. Rate appetite from 1 (refused all food) to 5 (ate eagerly). Log every day for one week.

Date	Food type	Amount offered	Amount eaten	Water intake	Appetite (1 to 5)	Notes
Day 1
Day 2
Day 3
Day 4
Day 5
Day 6
Day 7

3. Red Flags – Call the Vet

Any of these warrant a prompt call to your veterinarian. The first two are true emergencies.

Not eating for more than 24 hours (risk of hepatic lipidosis, a dangerous fatty liver condition)

Straining to urinate with little or no output (possible urinary blockage, an emergency in male cats)

No stool passed for more than 48 to 72 hours, or repeated straining with hard, dry stool

Sudden increase in thirst and urination (possible CKD, hyperthyroidism, or diabetes)

Blood in urine or stool, or repeated trips to the box with nothing produced

This worksheet is for tracking and educational purposes only and is not a substitute for veterinary care. When in doubt, especially with straining to urinate or a refusal to eat, contact your veterinarian or an emergency clinic right away.

Senior Cat Nutrition Guide & Worksheet

This guide provides general ranges. Cats are obligate carnivores and need high-quality animal protein plus plenty of moisture. Always consult your veterinarian for dietary recommendations specific to your cat's health conditions.

1 Daily Calorie Requirements by Weight

Body Weight	Weight Range	Less Active Senior	Moderately Active	Active Senior
Petite	Under 7 lbs	110 – 140 cal	130 – 160 cal	150 – 180 cal
Average	7 – 11 lbs	140 – 200 cal	160 – 230 cal	180 – 260 cal
Large	11 – 15 lbs	200 – 260 cal	230 – 290 cal	260 – 320 cal
Extra Large	Over 15 lbs	260 – 320 cal	290 – 360 cal	320 – 400 cal

A rough rule of thumb is about 20 kcal per pound of healthy body weight per day. Overweight or underweight seniors need a vet-guided plan, not these averages.

2 Recommended Nutrient Ranges

Nutrient	Wet / Canned	Dry / Kibble	Why It Matters
Protein	40 – 50%	35 – 45%	Obligate carnivores need ample animal protein to hold muscle
Fat	18 – 30%	15 – 22%	Concentrated calories help underweight seniors
Carbohydrate	Under 10%	Under 25%	Lower carbs suit diabetic and weight-prone cats
Moisture	70 – 80%	8 – 12%	Wet food supports hydration and kidney health

Percentages are on a dry-matter basis except moisture. Wet food is generally preferred for seniors because the added water supports hydration and the kidneys. Consult your vet for specific recommendations.

3 Food Comparison Worksheet

Criteria	Food 1	Food 2	Food 3
Brand / Product Name			
Wet or Dry?			
Calories per Can / Cup			
Protein %			
First 5 Ingredients			
Price per Can / Bag			
Cost per Day			
Senior-Specific Formula?			
Therapeutic / Prescription?			
Vet Recommended?			

4 Therapeutic Diets for Common Senior Conditions

Condition	Diet Goal	Key Features	Notes
Kidney / Renal Disease	Reduce kidney workload	Restricted phosphorus, controlled high-quality protein	Wet renal diets help with hydration; very common in seniors
Hyperthyroidism	Manage thyroid hormone	Limited iodine (e.g. Hill's y/d)	Must be fed exclusively; no other food or treats
Diabetes	Stabilize blood sugar	Low-carbohydrate, high-protein, often canned	Pair with consistent feeding times and vet monitoring
Weight Management	Safe weight loss	Controlled calories, higher protein to spare muscle	Never crash-diet a cat; risk of fatty liver
Urinary / Bladder	Reduce crystal risk	Controlled minerals, increased moisture	Wet food and water intake are protective
Dental Disease	Comfortable eating	Softened or wet food, warmed to release aroma	Painful mouths reduce appetite; address dental care
Gastrointestinal	Ease digestion	Highly digestible, sometimes novel protein	Helpful for chronic vomiting or loose stool

5 My Cat's Nutrition Plan

Current food: _____

Amount per day: _____ Feeding times: _____

Hydration & Supplements Being Given

Name	Amount	Time Given

Hydration strategy (fountain, extra bowls, water added to food): _____

Appetite stimulants or feeding tips (warm food, toppers): _____

Special dietary restrictions: _____

Next food review date: _____

Vet Cost Comparison & Annual Cost Estimator

A printable worksheet for planning your senior cat's healthcare budget

Cat's Name:	Breed:
Age:	Weight:
Known Conditions:	Date:

1. Veterinary Clinic Comparison

Compare costs and services across up to three veterinary clinics.

Criteria	Clinic 1	Clinic 2	Clinic 3
Clinic name
Address
Phone
Office visit fee
Senior wellness exam
Senior blood panel cost
Dental cleaning
X-rays
Ultrasound
Emergency hours?
Emergency visit fee
Payment plans available?
Distance from home
Overall impression

2. Annual Cost Estimator by Condition

Estimate your senior cat's total annual healthcare costs. Only fill in categories that apply.

Expense Category	Estimated Annual Cost	My Cat's Estimated Cost
Senior wellness exams (2x/year)	\$150 – \$500	.....
Senior blood panel + urinalysis (2x/year)	\$200 – \$600	.....
Blood pressure check	\$50 – \$150	.....
Dental cleaning + extractions	\$400 – \$1,500	.....
Kidney disease (CKD) management: fluids + renal diet	\$600 – \$3,000	.....
Hyperthyroidism: methimazole + T4 monitoring	\$400 – \$1,200	.....
Hyperthyroidism: I-131 radioactive iodine (one-time)	\$1,200 – \$2,500	.....
Diabetes: insulin, glucose curves, monitoring	\$800 – \$2,500	.....
Arthritis / pain management	\$300 – \$1,500	.....
Cancer treatment	\$1,000 – \$10,000+	.....
Medications (monthly x12)	\$200 – \$1,500	.....
Prescription / special diet food	\$400 – \$1,200	.....
Supplements	\$100 – \$400	.....
Litter, accessible boxes & mobility aids	\$100 – \$500	.....
Emergency fund	\$500 – \$2,000	.....
TOTAL ESTIMATED		.....

3. Pet Insurance Comparison

Compare pet insurance plans to see if coverage makes sense for your cat's needs.

Feature	Plan 1	Plan 2	Plan 3
Provider
Monthly premium
Annual deductible
Reimbursement %
Annual max payout
Covers pre-existing?
Covers dental?
Covers prescriptions?
Covers supplements?
Waiting period
Age limit?
Customer rating

Quality of Life Scale for Senior Cats

HHHHHMM Scale Assessment Worksheet

AgingCatCare.com. Helping You Care for Your Aging Companion

About the HHHHHMM Quality of Life Scale

The HHHHHMM Quality of Life Scale was developed by veterinary oncologist **Dr. Alice Villalobos** to help pet owners and veterinarians objectively assess a pet's quality of life. The scale evaluates seven key categories: Hurt, Hunger, Hydration, Hygiene, Happiness, Mobility, and More Good Days Than Bad. Each is scored from 0 to 10, with 10 being the best possible score.

A total score **above 35** (out of 70) generally suggests an acceptable quality of life. Scores below 35 indicate that quality of life may be compromised and should prompt a conversation with your veterinarian. Regular reassessment helps you track trends over time and make informed, compassionate decisions for your senior cat.

Assessment Worksheet, Copy 1 of 3

Cat's Name: _____ Date: _____ Assessed by: _____

1 Hurt (Pain Management)

Is your cat's pain adequately controlled? Cats hide pain well, so watch for hiding, a hunched or tucked posture, reluctance to be touched or held, and reduced jumping. Is pain management, including medications and complementary therapies, effective?

0 = Uncontrolled, severe pain

10 = Completely pain-free

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

2 Hunger (Appetite)

Is your cat eating enough to maintain adequate nutrition? Does warming the food or hand-feeding help? Are appetite stimulants such as mirtazapine, or syringe feeding, needed to keep weight on?

0 = Not eating at all

10 = Normal, healthy appetite

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

3 Hydration

Is your cat drinking enough water? Is the cat dehydrated? Many senior cats with kidney disease need subcutaneous fluids at home. Are supplemental fluids or wet food being used to keep hydration up?

0 = Severely dehydrated

10 = Normal, adequate hydration

Score: 0 1 2 3 4 5 6 7 8 9 10

 /10

4 Hygiene

Can your cat keep itself clean and well-groomed? Watch for a greasy or matted coat, dandruff, and a soiled rear from litter box trouble. Has your cat stopped grooming? Can you help keep them clean around the litter box?

0 = Matted, unable to stay clean, sores

10 = Clean, well-groomed, no issues

Score: 0 1 2 3 4 5 6 7 8 9 10

 /10

5 Happiness

Does your cat express joy or interest in life? Does your cat purr, seek affection, respond to family, or show curiosity about toys and surroundings? Or is your cat hiding, withdrawn, or no longer interacting?

0 = No response, withdrawn, depressed

10 = Happy, alert, and engaged

Score: 0 1 2 3 4 5 6 7 8 9 10

 /10

6 Mobility

Can your cat move around without assistance? Can your cat still jump to a favorite perch, navigate stairs, and get in and out of the litter box on its own? Are there stumbling, weakness, or a need for ramps and low-sided boxes?

0 = Immobile, unable to move

10 = Normal, unassisted mobility

Score: 0 1 2 3 4 5 6 7 8 9 10

 /10

7 More Good Days Than Bad

When your cat has bad days, are they outnumbered by good days? Is the trend of bad days increasing? If bad days outnumber good days, quality of life may be too compromised to continue.

0 = All bad days

10 = All good days

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

 / 10

Total Quality of Life Score

 / 70

Scoring Guide

35 – 70 **Generally acceptable quality of life.** Continue to monitor regularly and reassess as your cat's condition changes. Aim to maintain or improve scores in each category with your veterinarian's guidance.

Below 35 **Quality of life may be compromised.** A score below 35 suggests your cat may be suffering. Please discuss the results with your veterinarian to explore treatment options, palliative care, or compassionate end-of-life decisions.

Veterinary Discussion Prompts

Bring this worksheet to your next veterinary appointment. Use these prompts to guide the conversation:

1. What does my cat's current score suggest about their quality of life?
2. Are there treatments we haven't tried that could improve specific categories?
3. What changes should I watch for that would indicate a significant decline?
4. At what point should we discuss end-of-life options?
5. How will I know when it's time?

Notes from your veterinarian:

Quality of Life Scale for Senior Cats

HHHHHMM Scale Assessment Worksheet

AgingCatCare.com

Assessment Worksheet, Copy 2 of 3

Cat's Name: _____ Date: _____ Assessed by: _____

1 Hurt (Pain Management)

Is your cat's pain controlled? Watch for hiding, hunched posture, and reluctance to be touched.

0 = Uncontrolled, severe pain

10 = Completely pain-free

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

2 Hunger (Appetite)

Is your cat eating enough? Is an appetite stimulant or syringe feeding needed?

0 = Not eating at all

10 = Normal, healthy appetite

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

3 Hydration

Is your cat drinking enough? Are subcutaneous fluids needed for kidney disease?

0 = Severely dehydrated

10 = Normal, adequate hydration

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

4 Hygiene

Can your cat stay clean and groomed? Is the coat matted or the rear soiled?

0 = Matted, unable to stay clean

10 = Clean and well-groomed

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

5 Happiness

Does your cat show joy or interest? Purr, seek affection, or interact? Or hide and withdraw?

0 = No response, withdrawn

10 = Happy and engaged

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

6 Mobility

Can your cat jump to a perch, manage stairs, and get in and out of the litter box?

0 = Immobile

10 = Normal mobility

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

7 More Good Days Than Bad

Are there more good days than bad? Is the bad trend increasing?

0 = All bad days

10 = All good days

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

Total Quality of Life Score

____ / 70

Scoring Guide

35 – 70 Generally acceptable quality of life. Continue to monitor and reassess regularly.

Below 35 Quality of life may be compromised. Discuss with your veterinarian.

Quality of Life Scale for Senior Cats

HHHHHMM Scale Assessment Worksheet

AgingCatCare.com

Assessment Worksheet, Copy 3 of 3

Cat's Name: _____ Date: _____ Assessed by: _____

1 Hurt (Pain Management)

Is your cat's pain controlled? Watch for hiding, hunched posture, and reluctance to be touched.

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____/10

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Is your cat eating enough? Is an appetite stimulant or syringe feeding needed?

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____/10

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Is your cat drinking enough? Are subcutaneous fluids needed for kidney disease?

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____/10

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Can your cat stay clean and groomed? Is the coat matted or the rear soiled?

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Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

5 Happiness

Does your cat show joy or interest? Purr, seek affection, or interact? Or hide and withdraw?

0 = No response, withdrawn

10 = Happy and engaged

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

6 Mobility

Can your cat jump to a perch, manage stairs, and get in and out of the litter box?

0 = Immobile

10 = Normal mobility

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

7 More Good Days Than Bad

Are there more good days than bad? Is the bad trend increasing?

0 = All bad days

10 = All good days

Score: (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

____/10

Total Quality of Life Score

____ / 70

Scoring Guide

35 – 70 Generally acceptable quality of life. Continue to monitor and reassess regularly.

Below 35 Quality of life may be compromised. Discuss with your veterinarian.

AgingCatCare.com. Helping you care for your senior cat with confidence.

The HHHHHMM Quality of Life Scale was developed by Dr. Alice Villalobos, DVM, DPNAP. This worksheet is for informational purposes only and does not replace professional veterinary advice. Always consult your veterinarian when making decisions about your cat's care.

End-of-Life Planning Guide for Senior Cats

A gentle framework for the hardest decisions

AgingCatCare.com

This is one of the hardest parts of loving a cat, and the fact that you're reading this speaks to how deeply you care. Thinking through these decisions while you're calm and clear-headed means you won't have to make them in a moment of crisis. There are no right or wrong answers here, only what feels right for you and your cat.

1. Quality of Life Criteria

These are your personal benchmarks. Cats often hide pain and illness, so filling these in now gives you a frame of reference when emotions run high.

My cat's quality of life is acceptable when...

I will begin end-of-life discussions with my vet if my cat shows...

For example: hiding away constantly, stopping grooming, refusing food or water, no longer using the litter box, pain that medication no longer controls, or no longer jumping up, interacting, or seeking affection.

The things that matter most to my cat are:

Signs I've agreed with my vet to watch for:

2. Veterinary Consultation Questions

Bring this list to your next appointment so you don't forget anything important.

- What is the likely progression of my cat's condition?

- What will the end stages look like?

- Are there still treatment options we should consider?

- Is hospice or palliative care an option to keep my cat comfortable at home?

- How will I know when my cat is suffering vs. just having a bad day?

- What does the euthanasia process involve?

- Can it be done at home? What does that cost?

- How far in advance should I schedule?

My additional questions:

3. Aftercare Preferences

Making these decisions ahead of time is a kindness to yourself during an incredibly difficult moment.

In-home euthanasia (a peaceful goodbye in familiar surroundings)

In-clinic euthanasia

Cremation, individual (ashes returned)

Cremation, communal

Home burial (check local regulations)

Pet cemetery burial

Keepsake: paw print impression or fur clipping

Other: _____

Preferred provider: _____

Phone: _____

Estimated cost: _____

Special requests:

4. Support Resources

You do not have to go through this alone. These are people and organizations that understand.

ASPCA Pet Loss Hotline: (877) 474-3310

Pet Loss Support Hotline (Cornell): (607) 218-7457

Association for Pet Loss and Bereavement: aplb.org

Local support groups:

My personal support people:

Keep Away From Your Cat: Common Feline Poisons

Cats are highly sensitive to substances that are harmless to many other pets. If you suspect your cat has been exposed, call a poison hotline or your vet immediately. Do not wait for symptoms.

- **Lilies** highly toxic, even the pollen or vase water, can cause fatal kidney failure
- **Antifreeze / ethylene glycol** sweet-tasting and deadly in tiny amounts
- **Acetaminophen / Tylenol** deadly to cats, never give human pain relievers
- **Ibuprofen and other NSAIDs** cause kidney damage and ulcers
- **Essential oils** tea tree, eucalyptus, citrus, and others are toxic to cats
- **Onions and garlic** damage red blood cells, including powders and cooked forms
- **Household cleaners** bleach, disinfectants, and concentrated cleaners
- **Rodenticides** rat and mouse baits, also dangerous if your cat eats a poisoned rodent

ASPCA Animal Poison Control: 888-426-4435 • Pet Poison Helpline: 855-764-7661

CAT EMERGENCY INFO	CAT EMERGENCY INFO
Cat's Name: _____	Cat's Name: _____
Breed: _____	Breed: _____
Age: _____ Weight: _____ lbs	Age: _____ Weight: _____ lbs
Color/Markings: _____	Color/Markings: _____
Microchip #: _____	Microchip #: _____
Medications	Medications
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
Allergies: _____	Allergies: _____
Primary Vet	Primary Vet
Name: _____	Name: _____
Phone: _____	Phone: _____
24-Hour Emergency Vet	24-Hour Emergency Vet
Name: _____	Name: _____
Phone: _____	Phone: _____
Owner	Owner
Name: _____	Name: _____

CAT EMERGENCY INFO	CAT EMERGENCY INFO
Cat's Name: _____	Cat's Name: _____
Breed: _____	Breed: _____
Age: _____ Weight: _____ lbs	Age: _____ Weight: _____ lbs
Color/Markings: _____	Color/Markings: _____
Microchip #: _____	Microchip #: _____
Medications	Medications
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
Allergies: _____	Allergies: _____

Primary Vet

Name: _____

Phone: _____

24-Hour Emergency Vet

Name: _____

Phone: _____

Owner

Primary Vet

Name: _____

Phone: _____

24-Hour Emergency Vet

Name: _____

Phone: _____

Owner

CAT EMERGENCY INFO

Cat's Name: _____
Breed: _____
Age: _____ Weight: _____ lbs
Color/Markings: _____
Microchip #: _____

Medications

1. _____
2. _____
3. _____

Allergies:

Primary Vet

Name: _____
Phone: _____

24-Hour Emergency Vet

Name: _____
Phone: _____

Owner

Name: _____

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1. _____
2. _____
3. _____

Allergies:

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Phone: _____

24-Hour Emergency Vet

Name: _____
Phone: _____

Owner

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Medications

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2. _____
3. _____

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Phone: _____

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Name: _____
Phone: _____

Owner

Name: _____

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Microchip #: _____

Medications

1. _____
2. _____
3. _____

Allergies:

Primary Vet

Name: _____
Phone: _____

24-Hour Emergency Vet

Name: _____
Phone: _____

Owner

Name: _____