<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPETITE DRY**
- Normal
- Nibbling
- Not eating

**APPETITE WET**
- Normal
- Nibbling
- Not eating

**STOOLS**
- Formed
- Diarrhea
- Bloody
- None

**URINE**
- Normal
- Excessive
- Bloody
- Straining
- None

**VOMITING**
- None
- Food
- Bile
- Hairball
- Other:

**COUGHING**
- Yes
- No

**SNEEZING**
- Yes
- No

**NASAL DISCHARGE**
- None
- Clear
- Cloudy/Opaque/Green/Yellow
- Blood

**EYES**
- Clear
- Pus/mucus
- Red/irritated
- Swollen

**BEHAVIOR**
- Friendly
- Scared/shy
- Listless/depressed
- Aggressive or Feral
- Urine outside litterbox
- Stool outside litterbox

**Notes:**