

Animal ID _____

Case # _____

DAILY OBSERVATION SHEET

Note your observations by writing your initials in the appropriate boxes below.

Date														
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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:

