🐾 Feline Hyperthyroidism Recheck Form

Cat's Name: _____ **Date:** _____

Appetite & Weight

- Appetite: ☐ Increased ☐ Decreased ☐ Same
- Weight: ☐ Increased ☐ Decreased ☐ Same ☐ Unsure

Energy & Coat

- Energy level: ☐ Increased ☐ Decreased ☐ Same
- Coat condition: ☐ Improved ☐ Worsened ☐ Same

Drinking, Urination & GI Signs

- Water intake: ☐ Increased ☐ Decreased ☐ Same ☐ Unsure
- Urination: ☐ Increased ☐ Decreased ☐ Same ☐ Unsure
- Vomiting: ☐ Often ☐ Occasionally ☐ No
- Diarrhea: ☐ Often ☐ Occasionally ☐ No

Behavior

- Restlessness/vocalizing: ☐ Yes ☐ No
- Sleep pattern change: ☐ Yes ☐ No
- Hiding/unusual behavior: ☐ Yes ☐ No

Medication

- Current medication & dose: _____
- Frequency: _____
- Giving meds is: ☐ Easy ☐ Sometimes difficult ☐ Very difficult
- Missed doses (last 2 wks): ☐ Yes ☐ No
- Side effects: ☐ Yes (describe: _____) ☐ No

Diet

- Current food: _____

- Any changes? ☐ Yes ☐ No

Quality of Life

Overall well-being (1 = Poor, 5 = Excellent): **1 2 3 4 5**

Concerns/Notes

📌 *Please complete before your cat's recheck appointment.*