SCAT STREET CAT RESCUE

Basic Monitoring for Kittens

Name of Kitten: Start Date:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEIGHT	gm	gm	gm	gm	gm	gm	gm
FEEDINGS Amount	ml	ml	ml	ml	ml	ml	ml
# of feedings/day							
WARMTH Heating pad/lamp on?	√	√	V	√	√	√	√
Kitten feels warm?	√	√		1	1	√	√ ·
POOPS Stimulated after each feeding?	√ /	√	√	√	√	√	√
Colour							
Consistency							
# of poops							
HYDRATION Checked skin turgor?	√	√	√	✓	√	√	√
Are gums pink, moist and slippery?	√	√	V	√	√	√	√
# of pees							
Colour of pee							
CLEANING Bum Bath	√	√	√	√	√	√	√
Ears and eyes cleaned and check for discharge?	V	✓	√	√	√	√	√
Checked for skin irritation and parasites?	√	√	1	V	√	√	√
WARNING SIGNS Checked for warning signs?	No.	4	1	1		4	ag (

Warning signs include:

Sneezing; coughing; gagging; wheezing; lethargy; diarrhea; straining to pee/poop; twitching muscles; no/decreased appetite; heavy/rapid breathing.

If warning signs are present, kitten requires veterinarian care. Bring monitoring sheets to the appointment.