



SPRING INTO ACTION - FELINE HYPERTENSION AWARENESS

SHEET NUMBER

Feline Blood Pressure Check Record Sheet

Practice Name _____

No.	Cat's name	Date of BP check	Cats age	Healthy <140 mmHg	Pre-Hypertensive 140-159 mmHG	Hypertensive 160+ mmHG	Any other conditions present	Follow up check?	Retinal Exam Y/N	BP Tx Started Y/N
<i>e.g.1</i>	<i>Molly</i>	<i>01/01/23</i>	<i>13</i>			<i>164</i>	<i>CKD</i>	<i>1-2 weeks</i>	<i>Y</i>	<i>Y</i>
<i>e.g.2</i>	<i>Mindy</i>	<i>01/01/23</i>	<i>12</i>		<i>152</i>		<i>Hyperthyroid</i>	<i>3 months</i>	<i>Y</i>	<i>N</i>
<i>e.g.3</i>	<i>Murphy</i>	<i>01/01/23</i>	<i>9</i>	<i>120</i>			<i>None</i>	<i>12 months</i>	<i>N</i>	<i>N</i>
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