



KIMBERLEY VETERINARY CLINIC

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Feline Pain Score Card

Date: _____

Getting To Know Your Cat

Please complete the following form and email it to one of our listed email addresses or hand it to reception when you arrive for your appointment. If there are certain things you do not know or cannot answer, please feel free to leave those sections blank. Thank you for trusting us with your whiskered friend.

We look forward to seeing you!

Your Cat's Name: _____

OWNER DETAILS:

Name and Surname: _____

Preferred Contact Number: _____

Email Address: _____

PET DETAILS:

Age/Date of Birth: _____ Male / Female Sterilised: Y / N

Breed: _____ Description/Colour: _____

The Glasgow Feline Composite Measure Pain Scale, which can be applied quickly and reliably in the home or in the clinic setting, has been designed to determine whether your cat is in pain. It includes different categories, either behavioural or physical. Within each category, the descriptors are ranked numerically according to their associated pain level and the person carrying out the assessment chooses the descriptor within each category which best fits their cat's behaviour and condition. It is important to carry out the assessment protocol closely.

The pain score is the sum of the rank scores.

Please answer all the questions in each category as thoroughly and honestly as possible. The only way we can successfully help your cat is if we work together to find the perfect solution for your whiskered friend.

Directors: Dr D. Smith, Dr P.L. Swart

CC Number: 2011/071557/23 VAT Number: 4660260094 SAVC Number: FCL00/4390



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GLASGOW FELINE COMPOSITE MEASURE PAIN SCALE

Choose the most appropriate option from each section and, right at the end, total the scores to calculate the pain score for your cat. If more than one option applies, choose the higher score.

LOOK AT YOUR CAT IN HIS/HER CAGE, BED OR WHILE RESTING:

1. IS YOUR CAT:

Silent / purring / meowing

0

Crying / growling / groaning

1

2. IS YOUR CAT:

Relaxed

0

Licking lips

1

Restless / cowering at back of cage/igloo/bed

2

Tense / crouched

3

Rigid / hunched

4

3. IS YOUR CAT:

Ignoring any wound or painful area

0

Paying attention to wound or painful area

1

4. Look at the following caricatures. Choose the drawing which best depicts your cat's ear position?



1

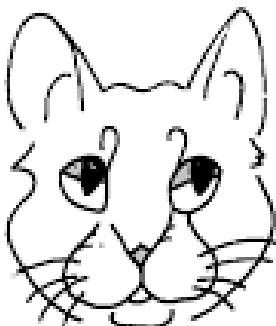


2

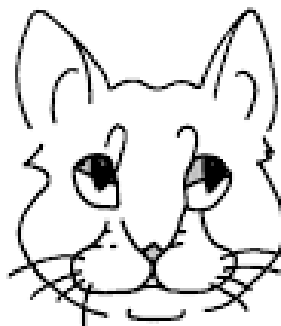


3

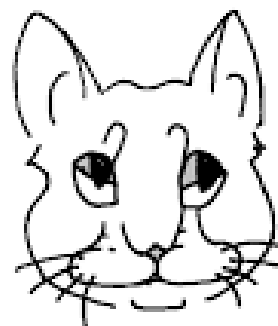
5. Look at the shape of your cat's muzzle. Choose the drawing which appears most like that of your cat?



1



2



3

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APPROACH YOUR CAT, CALL HIM/HER BY THEIR NAME & STROKE IT ALONG THE BACK FROM HEAD TO TAIL:

6. DOES/IS YOUR CAT:

| | |
|---------------------|---|
| Respond to stroking | 0 |
| Unresponsive | 1 |
| Aggressive | 2 |

IF HE/SHE HAS A WOUND OR PAINFUL AREA, APPLY GENTLE PRESSURE 5 CM AROUND THE SITE. IN THE ABSENCE OF ANY PAINFUL AREA APPLY SIMILAR PRESSURE AROUND THE HIND LEG ABOVE THE KNEE.

7. DOES YOUR CAT:

| | |
|---------------------------|---|
| Do nothing | 0 |
| Swish tail / flatten ears | 1 |
| Cry / hiss | 2 |
| Growl | 3 |
| Bite / lash out | 4 |

8. BY YOUR GENERAL IMPRESSION, IS YOUR CAT:

| | |
|-----------------------|---|
| Happy and content | 0 |
| Disinterested / quiet | 1 |
| Anxious / fearful | 2 |
| Dull | 3 |
| Depressed / grumpy | 4 |

Pain Score ____ /20

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