



Blood Pressure Assessment Form

CAT'S NAME

OWNER'S NAME

CAT'S AGE

WEIGHT

WHO'S IN THE ROOM

DATE

TIME

ROOM

PERFORMED BY

MEDICATION(S) GIVEN & TIME

CAT'S POSITION

Ventral

Lateral

Other (specify): _____

CAT'S LOCATION

Carrier

Exam Table

Other (specify): _____

CAT'S Demeanor (Subjective)

Calm

Slightly Anxious

Anxious

Stressed

EQUIPMENT USED

Doppler

Oscillometric

HDO

CUFF SIZE _____

CUFF SITE

Tail

Front limb (L/R)

Hind limb (L/R)

POSITION OF CUFF (e.g. below elbow) _____

SBP READINGS (mmHg) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

AVERAGE (discard first reading) _____

TREATS PROVIDED _____

FACIAL PHEROMONES USED

Diffuser

Spray

Wipe

CAT'S PREFERENCES NOTED (describe experience in detail for future readings) _____

*This form can be printed, saved on a desktop, or scanned into the patient's medical record.
Recheck blood pressure measurements can be added on subsequent visits.*

For more information, visit catvets.com/hypertension-toolkit.

