





# Blood pressure evaluation form

Date:	Cat's name:	Owner:	Clinician:
Age:	Sex:	Breed:	Time:

  
**Position of the cat:**  



☐ Standing

☐ Sitting

☐ Sternal

☐ Lateral

☐ Other (specify):

  
**Site of the cuff:**  

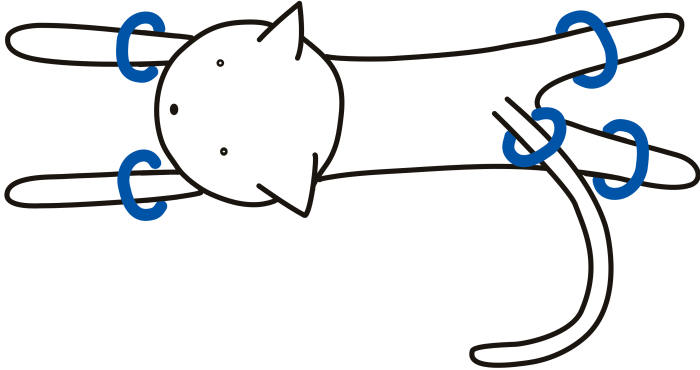
☐ Right forelimb

☐ Left forelimb

☐ Right hindlimb

☐ Tail

☐ Left hindlimb

<b>Equipment used:</b> <b>Location (room):</b> <b>Performed by:</b>	<b>Size of cuff:</b> <b>Others present:</b>
---------------------------------------------------------------------------	------------------------------------------------

  
**Subjective assessment of stress:**  

☐ Relaxed

☐ Slightly tense

☐ Nervous

☐ Very nervous

☐ Agitated

  
**Record of individual systolic blood pressure measurements:**  

1.	2.	3.
4.	5.	6.
7.	8.	9.

  
**Mean systolic blood pressure (mmHg):**  
Mean of stable values above (excluding outliers):