

Items to Perform or Discuss During Each Life Stage

	All cats need a full thorough physical examination			
	Kitten (Birth up to 1 Year)	Young Adult (1–6 Years)	Mature Adult (7–10 Years)	Senior (>10 Years)
Discussion items for all life stages	<ul style="list-style-type: none"> ▶ Frequency of visits: minimum of annual examinations and at least every 6 months for seniors ▶ Educate the client on: <ul style="list-style-type: none"> • The subtle signs of behavior, illness, pain, and anxiety • Normal feline behaviors and the significance of changes in the cat's behavior ▶ Discuss elimination habits and any house-soiling ▶ Present pet insurance and financial planning options ▶ Obtain previous medical/surgical history (including medications and supplements) ▶ Evaluate personality and temperament; make recommendations for optimal future examinations ▶ Evaluate patient demeanor to determine the appropriate approach to the physical examination ▶ Ask about daily food and water intake ▶ Discuss diets and feeding as well as make recommendations ▶ Assess and discuss quality of life when clinically relevant ▶ Veterinarians should familiarize themselves with common breed predispositions 			
Medical history	<ul style="list-style-type: none"> ▶ Discuss breed healthcare predispositions and congenital/genetic concerns 	<ul style="list-style-type: none"> ▶ Ask about vomiting, vomiting hairballs, and diarrhea ▶ Ask about changes in grooming habits ▶ Ask about changes in behavior 	<ul style="list-style-type: none"> ▶ Ask about changes in appetite and hydration ▶ Ask about polyuria, polydipsia, vomiting, and diarrhea ▶ Ask about increased nocturnal activity and vocalization ▶ Discuss early signs of cognitive decline ▶ Ask about changes in mobility ▶ Ask about changes in vision ▶ Ask about changes in grooming habits ▶ Ask about masses 	
Examination focus (extra attention during physical examination)	<ul style="list-style-type: none"> ▶ Discuss congenital/genetic findings (murmurs, hernias, and dentition) ▶ Discuss infectious disease 	<ul style="list-style-type: none"> ▶ Increase focus on cardiorespiratory and dermatologic findings ▶ Focus on oral examination to detect periodontal disease and tooth resorption 	<ul style="list-style-type: none"> ▶ Increase focus on oral examination, abdominal palpation, and ophthalmic (fundic), cardiorespiratory, and musculoskeletal examination ▶ Concentrate on thyroid gland and kidney palpation ▶ Conduct thorough pain assessment 	
Nutrition and weight management	<ul style="list-style-type: none"> ▶ Discuss diet, quantity being fed, intake amounts, and frequency of feeding ▶ Introduce variety of food flavors and textures ▶ Introduce food foraging toys and puzzles 	<ul style="list-style-type: none"> ▶ Monitor for weight gain ▶ Discuss obesity risks ▶ Provide ongoing advice for enrichment, play, and exercise 	<ul style="list-style-type: none"> ▶ Monitor for weight loss and weight gain ▶ Discuss diseases associated with changes in appetite or weight ▶ Discuss use of appropriate therapeutic diets 	
	<ul style="list-style-type: none"> ▶ Record body weight, BCS, and MCS ▶ Consider (dorsal and lateral) photographs of patient to help identify future changes ▶ Monitor for changes in usual patient demeanor ▶ Record successful feline-friendly handling techniques and preferences 			
	<ul style="list-style-type: none"> ▶ Feed to ideal BCS and MCS 			

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The 2020 AAHA/AAFP Feline Lifestage Guidelines are available at aaha.org/felinelifestage.

These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association (AAHA) and the American Association of Feline Practitioners (AAFP). This document is intended as a guideline only, not an AAHA or AAFP standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. Evidence-based support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Because each case is different, veterinarians must base their decisions on the best available scientific evidence in conjunction with their own knowledge and experience.



Items to Perform or Discuss During Each Life Stage (Continued)

	Kitten (Birth up to 1 Year)	Young Adult (1–6 Years)	Mature Adult (7–10 Years)	Senior (>10 Years)
Behavior and environment	<ul style="list-style-type: none"> ▶ Discuss importance of: <ul style="list-style-type: none"> • Introducing kittens to various people and pets during the socialization period • Acclimating to handling, brushing, nail trimming, grooming, and medication administration • Acclimating to carrier, car, and veterinary visits ▶ Discourage use of hands or feet as toys during play to avoid risk of future aggressive behavior ▶ Encourage teaching cue/response, such as come or sit, using positive reinforcement 	<ul style="list-style-type: none"> ▶ Discuss that intercat interactions may decline ▶ Discuss that intercat or human-cat relationships may change with maturity or following stressful events ▶ Encourage acceptance of manipulation of mouth, ears, and feet by providing gentle handling 	<ul style="list-style-type: none"> ▶ Environmental needs may change: ensure good/easy accessibility to litter box, warm soft bed, food/water ▶ Educate clients about subtle behavior changes that are not “just old age” ▶ Monitor cognitive function 	
	▶ Ensure number, distribution, and location of resources is adequate			
	<ul style="list-style-type: none"> ▶ Discuss importance of number, distribution, and location of resources for each cat in the home ▶ Ask about housing (indoor/outdoor/partial outdoor access), hunting activity, and children and other pets in the home ▶ Discuss housemate cats and their usual interactions. Ask if there are any concerns ▶ Ask about problematic or changes in behavior ▶ Ensure environmental needs of the cat(s) are met (toys, scratching posts, resting places, play) ▶ Discuss managing unwanted behaviors; discourage punishment and encourage positive reinforcement 			
Elimination	<ul style="list-style-type: none"> ▶ Discuss litter box setup, cleaning, and normal elimination behavior ▶ Start with unscented clumping sand litter and/or the litter type the kitten was previously using ▶ Allow kittens to choose litter preference by offering a variety of litter types 	<ul style="list-style-type: none"> ▶ Confirm that litter box size (length and height) accommodates the growing cat 	<ul style="list-style-type: none"> ▶ Review the location of the litter boxes to avoid stairs for painful cats including those with DJD ▶ Review and adjust litter box size (length and height), location, and cleaning regimens as necessary 	
	<ul style="list-style-type: none"> ▶ Discuss elimination habits ▶ Ask if any urination or defecation occur outside the litter box ▶ Distinguish between toileting and marking behaviors ▶ Discuss litter box management (number, size, location, litter type, and cleaning) ▶ Educate clients about how to assess stool appearance and litter ball size 			
Oral health	<ul style="list-style-type: none"> ▶ Acclimate to mouth handling and brushing/wiping of teeth ▶ Examine for malocclusion or developmental dental issues 	<ul style="list-style-type: none"> ▶ Recommend dental diet if clinically indicated 	<ul style="list-style-type: none"> ▶ Monitor for oral tumors, inability to eat and decreased quality of life from painful dental disease 	
	▶ Perform detailed dental examination; discuss dental disease, preventive healthcare, dental prophylaxis, and importance of treatment/home care with brushing/wiping of teeth			
Parasite control	<ul style="list-style-type: none"> ▶ Assess risks of exposure based on lifestyle, geographic location, and travel ▶ Educate clients that even indoor-only cats have a real risk for parasitic infections ▶ Recommend year-round broad-spectrum antiparasitics with efficacy against heartworms, intestinal parasites, and fleas for all patients, regardless of indoor/outdoor status ▶ Recommend tick control as indicated by risk assessment ▶ Perform fecal examination as appropriate ▶ Discuss and mitigate zoonotic risks 			
Vaccination	<ul style="list-style-type: none"> ▶ FCV, FHV-1, FPV, FeLV, and rabies are considered core vaccines. The interval between the initial series vaccines varies depending on the infectious disease, age at initial vaccination, vaccine label, type of vaccine (inactivated, attenuated live, and recombinant), and route of administration (parenteral versus intranasal) ▶ FCV, FHV-1, and FPV revaccination is administered at 6 months of age⁷ 	<ul style="list-style-type: none"> ▶ FCV, FHV-1, FPV, and rabies are considered core vaccines. Ongoing FeLV vaccination is based on risk assessment of exposure to infected cats. Intervals between FCV, FHV-1, and FPV revaccinations depend on vaccine label, type of vaccine, route of administration, and risk assessment ▶ Cats should be revaccinated 12 months after the last dose in the kitten series, and then annually for cats at high risk⁷ 	<ul style="list-style-type: none"> ▶ The risk/benefit of vaccinating senior cats should be carefully considered in the light of their overall health status. Where appropriate, FCV, FHV-1, FPV, and rabies are considered core vaccines for healthy seniors. FeLV vaccination is based on risk assessment 	
	<ul style="list-style-type: none"> ▶ For rabies vaccinations, AAHA and the AAFP recommend following vaccine label instructions and local laws. ▶ <i>Chlamydia felis</i> and <i>Bordetella bronchiseptica</i> vaccines are considered non-core vaccines 			