



**Cahaba Valley Animal Clinic**  
 2209 Cahaba Valley Drive  
 Birmingham, AL 35242  
**205.980.0078**

# SENIOR PET QUESTIONNAIRE

## TAKING CARE OF YOUR PET FOR A LIFETIME

The following questionnaire is designed to help you and your veterinarian provide the best care for your older pet. Please complete the form to the best of your ability.

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DIET: \_\_\_\_\_  THIN  NORMAL  OVERWEIGHT

CURRENT MEDICATIONS/SUPPLEMENTS: \_\_\_\_\_

### INDICATE IF YOUR PET HAS EXPERIENCED ANY CHANGES IN...

DRINKING:	Y	N	If yes, please explain:
URINATION:	Y	N	If yes, please explain:
APPETITE:	Y	N	If yes, please explain:
WEIGHT:	Y	N	If yes, please explain:
HAIR COAT:	Y	N	(itchy coat, dandruff, dull coat, hair loss, hair matting)
BODY ODORS:	Y	N	(bad breath, odor from ears or skin)
MOBILITY:	Y	N	(lameness, trouble with stairs, stiffness, pain, spending more time lying down)
BREATHING:	Y	N	(coughing, wheezing, shortness of breath, exercise intolerance, mouth breathing)
DIGESTION:	Y	N	(vomiting, diarrhea, constipation, hairballs)
SENSES:	Y	N	(hearing loss, vision loss, loss of smell, reaction time)
BEHAVIOR:	Y	N	(reduced family interaction, vocalization, loss of litter training)
GROWTHS:	Y	N	(new growths, changes in previous growths)

Any other problems or concerns: \_\_\_\_\_