



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: _____