

# Senior Pet Questionnaire

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

If this is not your first visit, are your address & phone number still correct?  no  yes

If this is your first visit, is this your first pet?  no  yes

Are you aware that pet insurance is available?  no  yes

Has your pet been microchipped?  no  no, but I am interested  yes

Are you interested in a tour of the hospital?  no  yes

Are you planning on boarding or grooming your pet within the next 6 months?  no  yes

Reason for today's visit?  Annual wellness exam & vaccines  other \_\_\_\_\_

Has your pet been seen for the same condition recently?  no  yes, when \_\_\_\_\_

Are your pet's vaccinations up to date?  no  yes  don't know

Is your pet spayed or neutered?  no  yes  don't know

Has your pet's stool been checked for parasites within the last 6 months?  no  yes  don't know

Have you seen any worms in your pet's stool?  no  yes, describe \_\_\_\_\_

Is your pet on heartworm prevention?  no  yes, year round  yes, part of the year

What product(s) do you use? \_\_\_\_\_

What day of the month do you give the heartworm prevention? \_\_\_\_\_

Is your pet on flea prevention?  no  yes, year round  yes, part of the year

What product(s) do you use? \_\_\_\_\_

Has your pet had any illness or injury within the last 30 days?  no  yes, describe \_\_\_\_\_

Is your pet currently on any medications?  no  yes, list \_\_\_\_\_

Any known allergies to drugs/medications?  no  yes, list \_\_\_\_\_

What dental care do you provide at home? \_\_\_\_\_ How often? \_\_\_\_\_

What do you feed your pet? (list brand and amount) \_\_\_\_\_

What treats do you feed your pet? \_\_\_\_\_

What table food do you feed your pet? \_\_\_\_\_

Does your pet have any food intolerances?  no  yes, describe \_\_\_\_\_

Did your pet eat this morning?  no  yes

Have you noticed any of the following? (Check all that apply)

Change in appetite: [  eating more  eating less ]  Changes in weight: [  weight loss  weight gain ]

Change in water intake: [  drinking more  drinking less ]

Change in urinations: [  increased amount  decreased amount  urinating more frequently ]

Having accidents in the house: [  urinating indoors  defecating indoors ]

Strains to urinate or defecate: [  strains to urinate  strains to defecate ]

Diarrhea: [ Consistency of the stool is?  soft  liquid ]

[ Stool contains:  blood  mucus  hair  foreign material (describe) \_\_\_\_\_ ]

Vomiting: [ Vomitus contains:  food  hair  blood  fluid (color?) \_\_\_\_\_ ]

foreign material (describe) \_\_\_\_\_ ]

Scooting  Change in skin or hair coat: explain \_\_\_\_\_

Scratching, rubbing, chewing, or licking: where? \_\_\_\_\_

Change in energy level: [  decreased energy  increased energy ]  Coughing or difficulty breathing

Excessive panting  Sneezing  Lumps or bumps that need examined (location) \_\_\_\_\_

Unusual discharge (describe) \_\_\_\_\_  Bad breath

vision problem  hearing problem  Difficulty climbing stairs  Difficulty jumping up

Increased stiffness or limping: [ Which leg?  RF  RR  LF  LR ]

increased activity  decreased activity  Circling or repetitive movements: (explain) \_\_\_\_\_

Confusion or disorientation  Excessive vocalization

Change in interactions with family members: [  interacting more  interacting less ]

Change in sleeping patterns: [  sleeping more  sleeping less ]

Is your pet having any other problems or issues that you would like to discuss with the doctor today?