

Senior Pet Questionnaire

Pet _____

Owner _____

Date ___/___/___

- 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 no, tell me more yes
- Has your pet been microchipped? no no, but I am interested 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) _____

Continued on back→

- 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:
Please describe location _____
- Unusual discharge: describe _____
- Bad breath
- Difficulty seeing or hearing: vision problem hearing problem
- Difficulty climbing stairs
- Difficulty jumping up
- Increased stiffness or limping: Which leg? RF RR LF LR
- Change in activity level: increased activity decreased activity
- Circling or repetitive movements: please 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?
