

Geriatric Pet Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the reason for your visit today? _____
2. Is your pet on any flea or heartworm prevention? If yes, what kind and when was the last time it was applied? _____
3. Does your pet have any new lumps/bumps/growths? If yes, where?

4. Is your pet's appetite and water intake normal? Has it changed recently?

5. Have your pet's bowel movements been normal? Any accidents in the house?

6. Has your pet been urinating normally? Any accidents or leaking?

7. Any vomiting? If yes, how often and when does it occur?

8. What is your pet's current diet? (be specific)

9. On a 1-5 scale (1 being emaciated, 3 being ideal, 5 being obese) where do you feel your pet's body appearance/weight is? _____
10. Does pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10 how severe?

11. Does your pet seem to have any trouble getting up or walking?

12. Does pet seem to sleep more overall? Does the sleep seem to occur less at night and more during the day?

13. **Please circle any that apply:** Does pet ever wander aimlessly/pace, appear lost/confused, stare into space/at walls, has difficulty finding the door/stands at the "hinge" side of the door, appears to forget the reason for going outdoors, or gets "stuck" in corners/behind furniture?
14. Does pet seem to not recognize familiar people?

15. Does pet respond to name or verbal cues/commands?

16. How is pet's activity level? Has it decreased recently?

17. Does pet seem less enthusiastic about things that use to excite him/her?

18. Is your pet currently on any medications? If yes, please list:

19. Is your pet kept indoors, outdoors, or both? _____
20. Does pet have any previous medical/health issues? If yes, please list:

21. Does your pet have any known allergies? _____
22. Has pet been away from its normal environment or around any new animals recently?

23. Are there any health or behavior issues that you would like to discuss? If yes, please list:
