



(717) 246-3611
425 E Broadway
Red Lion, PA 17356

Senior Health Questionnaire

Our companions can be considered senior pets as early as five to seven years of age. Due to their relatively shorter lifespan compared to humans, the aging process can progress quite rapidly. By answering the following simple questions, you can help your veterinarian identify certain disease processes early on, allowing earlier intervention and the slowdown or reversal of progression, thus extending the quality life of your beloved companion.

Client Name: _____ Pet Name: _____

Pet's Age: _____

Does your pet experience

- | | | | |
|------------------------------------|--|-----------------------------|--|
| Difficulty climbing stairs | yes <input type="checkbox"/> no <input type="checkbox"/> | Skin or hair coat changes | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Difficulty jumping up | yes <input type="checkbox"/> no <input type="checkbox"/> | Lumps or bumps | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Increased stiffness or limping | yes <input type="checkbox"/> no <input type="checkbox"/> | Excessive scratching | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Loss of bowels or urination | yes <input type="checkbox"/> no <input type="checkbox"/> | Changes in sleep patterns | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Increased thirst | yes <input type="checkbox"/> no <input type="checkbox"/> | Less enthusiastic greetings | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Increased urination | yes <input type="checkbox"/> no <input type="checkbox"/> | Increased appetite | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Changes in activity level | yes <input type="checkbox"/> no <input type="checkbox"/> | Decreased appetite | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Excessive panting (dogs) | yes <input type="checkbox"/> no <input type="checkbox"/> | Vomiting | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Other changes in breathing pattern | yes <input type="checkbox"/> no <input type="checkbox"/> | Change in stools | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Coughing | yes <input type="checkbox"/> no <input type="checkbox"/> | Problems defecating | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Circling or repetitive movements | yes <input type="checkbox"/> no <input type="checkbox"/> | Weight loss | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Confusion or disorientation | yes <input type="checkbox"/> no <input type="checkbox"/> | Weight Gain | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Excessive barking (dogs) | yes <input type="checkbox"/> no <input type="checkbox"/> | Difficulty hearing | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Less interaction with family | yes <input type="checkbox"/> no <input type="checkbox"/> | Vision problems | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Decreased responsiveness | yes <input type="checkbox"/> no <input type="checkbox"/> | Bad breath | yes <input type="checkbox"/> no <input type="checkbox"/> |

Other (please explain) _____

The name and brand of food I feed my pet is _____.

My pet never/frequently/occasionally eats people food. (Circle One).

- Is your pet on monthly flea prevention? yes no if yes, which kind _____
- Is your dog on monthly heartworm prevention? yes no if yes, which kind _____
- Has your pet missed any doses? yes no if yes, how many? _____

Based on your answers to this questionnaire along with the findings of your pet's examination, your veterinarian will be better able to recommend additional diagnostics such as basic blood work to check kidney and liver function, urinalysis, thyroid testing, radiographs, specific medications, and/or therapeutic foods.

