

Senior pet clinic questionnaire

Client name:

Address:

Patient name:

Age:

Sex:

Neutered:

Nutrition

What food is currently being fed?

Any supplements?

- If yes please give details:

How often is he/she fed?

Is their appetite:

Any changes in their appetite?

- If yes please give details:

Exercise

How often do they exercise and for how long?

Any problems noted whilst exercising?

- If yes please give details:

Any coughing?

Do they seem to tire more easily?

Are they stiff on walking/ after exercise?

Hearing

Have you noticed any changes?

- If yes please give details:

Vision

Have you noticed any changes?

- If yes please give details:

Do they seem to bump into objects?

- If yes please give details:

Have you noticed any discharge from the eyes?

Dental

Do you brush their teeth?

Have you noticed whether their breath smells?

Have you noticed whether they have difficulty when eating?

Behaviour

Have you noticed whether they seem:

- * More sensitive to pain
- * Lethargic, quiet or dull
- * Less tolerant
- * Anxious
- * Do they ever have toileting accidents in the house?
 - If yes how often and what times e.g. daytime/ night
- * Have their sleeping patterns changed?
 - If yes please give details:

Coat/ Skin

Have you noticed any changes in condition?

Have you noticed any lumps?

- If yes please give details:

Do they shake their head or scratch their ears often?

Any other concerns?