

## Senior pet clinic questionnaire

Client name:

Address:

Patient name:

Age:

Sex:

Neutered:

### Nutrition

Is their drinking:

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
- \* Vocalisation:
  - \* 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?

Flea and worm treatment

\* When was a flea treatment last given?

\* When was a worming treatment last given?

Any other concerns?