

**Head Office**  
16-20 Albert Road Colne BB8 0AA

☎ **01282 863892**

🌐 [www.stanleyhousevets.com](http://www.stanleyhousevets.com)

Accounts Department  
☎ 01282 860650



**STANLEY  
HOUSE**  
veterinary group

420-422 Colne Road Burnley BB10 1EL  
☎ 01282 421215

14-18 Skipton Road Barnoldswick BB18 5NB  
☎ 01282 852390

**Farm & Equine Department**  
Ashlar House Barn Higham BB12 9ER  
☎ 01282 868748

## Senior Health Questionnaire

Owner's Name:	Pets Name:
Owners Address:	Age:
	Sex:
	Breed
Owners Phone Number:	Date:

<b>Nutrition</b>									
What food is your pet currently being fed?									
How often does your pet get fed?									
Any supplements? If yes, give details.									
How is your pet's appetite? Please circle	Excessive      Good      Fair      Poor								
Has there been....?	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Decrease in thirst</td> <td style="width: 25%;"><input type="checkbox"/> Weight Loss</td> <td style="width: 25%;"><input type="checkbox"/> Weight Gain</td> <td style="width: 25%;"></td> </tr> <tr> <td><input type="checkbox"/> Increase in thirst</td> <td><input type="checkbox"/> Increase in appetite</td> <td><input type="checkbox"/> Decrease in appetite</td> <td></td> </tr> </table>	<input type="checkbox"/> Decrease in thirst	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Weight Gain		<input type="checkbox"/> Increase in thirst	<input type="checkbox"/> Increase in appetite	<input type="checkbox"/> Decrease in appetite	
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<input type="checkbox"/> Increase in thirst	<input type="checkbox"/> Increase in appetite	<input type="checkbox"/> Decrease in appetite							
<b>Toileting</b>									
Has there been....?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> An increase in urination</td> <td style="width: 50%;"><input type="checkbox"/> Pooing inside (but seems aware)</td> </tr> <tr> <td><input type="checkbox"/> Urinary accidents</td> <td><input type="checkbox"/> Pooing inside (but seem unaware)</td> </tr> <tr> <td><input type="checkbox"/> Leaking where they lay</td> <td><input type="checkbox"/> Changes of faecal appearance</td> </tr> <tr> <td><input type="checkbox"/> Straining</td> <td><input type="checkbox"/> Faecal incontinence</td> </tr> </table>	<input type="checkbox"/> An increase in urination	<input type="checkbox"/> Pooing inside (but seems aware)	<input type="checkbox"/> Urinary accidents	<input type="checkbox"/> Pooing inside (but seem unaware)	<input type="checkbox"/> Leaking where they lay	<input type="checkbox"/> Changes of faecal appearance	<input type="checkbox"/> Straining	<input type="checkbox"/> Faecal incontinence
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<input type="checkbox"/> Leaking where they lay	<input type="checkbox"/> Changes of faecal appearance								
<input type="checkbox"/> Straining	<input type="checkbox"/> Faecal incontinence								
Have you noticed any of the following....?									
A change in hearing	Vision problems								
Bumping in to things	Discharge from eyes								
Meowing/barking more	Change in their Bark or Meow								
Panting more	Coughing more								
Bad breath	Difficulty when eating								
If yes, give details...									

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## Exercise

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**How often does your pet get exercised and how long for?**

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**Any problems while exercising?**  
If yes, give details...

YES

NO

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**Does your pet seem to tire more easily?**  
If yes, give details...

YES

NO

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**Is your pet stiff on walking after exercise?**  
If yes, give details...

YES

NO

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## Mobility

(Check all that apply)

Change of gait/walk

Needs assistance to get up

Has difficulty jumping

Needs assistance climbing stairs

Has difficulty getting outside/into litter tray

Needs assistance accessing food/water bowls

## Behaviour

Have you noticed whether your pet seems:

More sensitive to pain

YES

NO

Lethargic, quiet or dull

YES

NO

Less tolerant

YES

NO

Anxious

YES

NO

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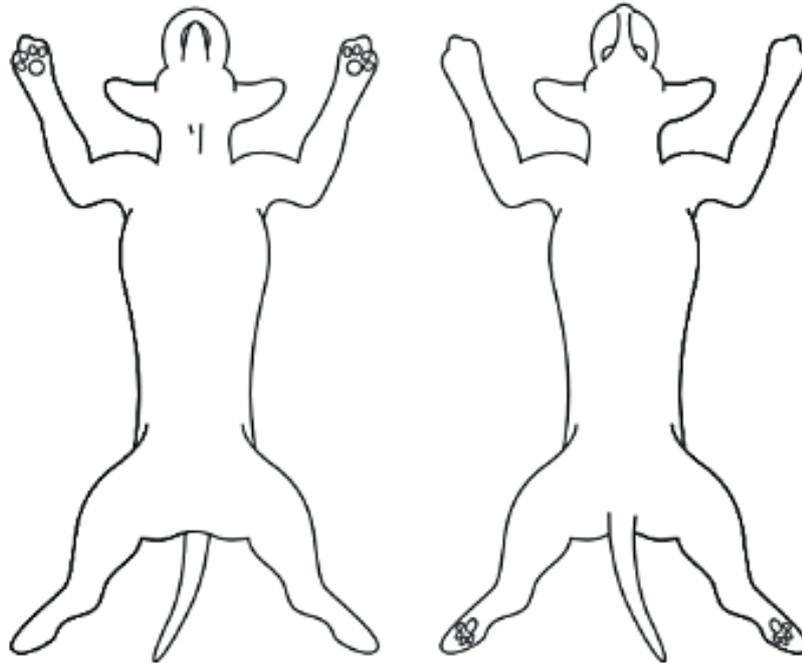
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**Masses:**

Please circle any lumps or bumps your pet has below:



<b>Skin/Coat</b>		
Have you noticed any changed in condition?	YES	NO
Does your pet shake their head often or scratch their ears often?	YES	NO
Have you noticed a change in nail growth?	YES	NO
Any thinning of coat or bald patches?	YES	NO
Does your pet lick or chew at their paws?	YES	NO
Please give any further details or concerns you have that haven't been listed..... ..... ..... .....		
Thank you for completing the questionnaire.		
Please return your completed questionnaire to our Colne Practice either by post or in person to our reception team at least 48 hours before your appointment. This will ensure that the nurse has all the required information necessary prior to your appointment with your pet.		