



Questionnaire for Owners of Senior Pets

Client Name: _____

Pet Name: _____ Pet Age: _____

Circle **YES** or **NO** in answer to each question or statement. Fill in the blank where appropriate.

1. Does your pet have difficulty getting up and down, or does your pet develop soreness after running or other exercise? YES NO
2. Has your pet gained or lost weight? YES NO
3. Does your pet ever cough or get winded after exercise? YES NO
4. Has there been an increase in episodes of vomiting or diarrhea? YES NO
5. Is your pet drinking more water than usual? YES NO
6. Does your pet urinate more frequently, or sometimes have accidents in the house? YES NO
7. Have your pet's eating habits changed? YES NO
8. Does your pet have bad-smelling breath or red, irritated gums? YES NO
9. Is your pet ever disoriented or slow to respond to you? YES NO
10. My pet is not acting like himself/herself? YES NO
11. Have you noticed a change in your pet's skin and coat condition? (hair loss, dryness, oiliness, flakiness, odor) YES NO
12. Have you noticed that your pet has reddened, painful ears, or that his/her ears have an odor? YES NO
13. I never/occasionally/frequently feed people food to my pet. (Circle one.) YES NO
14. The brand and name of the pet food I feed my pet is _____.