# Senior Canine/Feline Examination Questionnaire

**Lynwood** ANIMAL HOSPITAL

Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____ (work) _____

Emerg. Contact(other than immediate family):_____ph:_____

E-mail _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ ❐ neutered ❐ spayed    Age or Birthday _____

1. Have you noticed any: ❐ Loose Stools ❐ Vomiting ❐ Coughing ❐ Heavy Breathing ❐ Sneezing ❐ Eye Discharge ❐ Itching ❐ Hair loss ❐ Fleas ❐ Ticks ❐ Aggression ❐ Skin Growths ❐ Other _____

2. Does your pet exhibit: ❐ Poor Housetraining Habits ❐ Unwanted Aggression ❐ Excessive Vocalizing ❐ Undesired Marking Behaviors ❐ Other _____

3. Any changes in the ability to walk, jump or run? ❐ Yes ❐ No _____

4. What kind of dental care are you providing for your pet? _____

5. Does your pet have difficulty hearing or respond less quickly when called? ❐ Yes ❐ No

6. Does your pet have difficulty seeing? ❐ Yes ❐ No

7. Is your pet drinking more water than a year ago? ❐ Yes ❐ No

8. Any changes in sleep habits?    ❐ Yes ❐ No _____

9. Does your pet seem to have the same energy, stamina and strength as last year? ❐ Yes ❐ No

10. Where does your pet sleep? _____

11. Does your pet have bad breath? ❐ Yes ❐ No

12. Does your pet exhibit any of the following signs? ❐ constipation ❐ retraction from touching ❐ lack of grooming (cats) ❐ overgrooming (cats) ❐ isolation ❐ limping/change in gait ❐ avoiding stairs ❐ weight loss ❐ grouchiness ❐ change in posture ❐ sudden aging

13. What brand of food are you feeding your pet? _____

   How much and how often? _____

14. Do you give any vitamins or nutritional supplements (including glucosamine and Aspirin)? ❐ Yes ❐ No
   If yes, what and how much? _____

15. Do you have other pets?   If so, how many?
   ❐ Dogs _____ ❐ Cats _____ ❐ Other _____

   Are your other pets on flea, heartworm and parasite prevention? ❐Yes ❐ No
   Are the other pets vaccinated? ❐Yes ❐No

16. How much time does your pet spend outdoors? _____

17. Does your pet have trouble eating (chewing on one side, dropping food)? ❐ Yes ❐ No

18. Please list any medications (either prescription or "over the counter") your pet receives, including amount and frequency.

_____