

**SENIOR WELLNESS QUESTIONNAIRE**

Date \_\_\_\_\_

Pet Name/Age \_\_\_\_\_ Owner Name \_\_\_\_\_

Is your pet on any medicines/preventatives?

- Yes  No Heartworm Preventative (type) \_\_\_\_\_  
 Yes  No Flea Preventative (type) \_\_\_\_\_  
 Yes  No Medicines (type) \_\_\_\_\_

\_\_\_\_\_ If on long term Medication has bloodwork been performed in last 6 months?  Yes  No

Has there been any change in your pet's eating/drinking habits?

- Yes  No More / Less Food (Please circle)  
 Yes  No More / Less Water (Please circle)  
 Yes  No Trouble eating hard food, hard treats, chewy treats  
 Yes  No Smelly breath

Has there been any recent change in your pet's activity?

- Yes  No More active / Less active (please circle)  
 Yes  No Trouble rising / Jumping / Climbing stairs  
 Yes  No Limping \_\_\_\_\_  
 Yes  No Gets tired easily  
 Yes  No Tremors / Shaking

Has there been any change in your pet's elimination habits?

- Yes  No Increase / Decrease in Urination / Defecation  
 Yes  No Accidents in the house  
 Yes  No Vomiting / Diarrhea

Has there been any change in your pet's behavior?

- Yes  No Sleeping More / Less  
 Yes  No Becomes Confused / Disoriented / Lost  
 Yes  No Change in daily habits  
 Yes  No Change in attitude (More aggressive, cranky)

What type of food / how often does your pet eat? \_\_\_\_\_

\_\_\_\_\_