

KANSAS CITY VETERINARY CARE, L.C.

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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? _____

