

SENIOR PET SCREENING CHECKLIST

Owner observations are an important aspect of health care of all pets, but are especially important in the senior pet. Please complete this questionnaire and return it to our receptionist before you see the doctor. It helps us to ensure that nothing is overlooked, and tells us about some of the signs that might not be evident on a physical examination.

Owner's Name _____

Species: Canine ____ **Feline** ____

Pet's Name: _____

Age: _____

Date: _____

Key: 0 – No problem, M1 – Mild, M2 – Moderate, M3 – Severe	0	M1	M2	M3	When problem began?
Weight gain __ loss __					
Appetite increase __ decrease __					
Vomiting __					
Diarrhea __ Colitis (stool with mucus or blood) __					
Constipation/difficult defecation __					
Increased drinking __ Increased urine __					
Coughing __ Weakness after exercise __ Panting __					
Lumps/tumors __ Skin problems __ Describe:					
Bad breath/sore gums/difficulty chewing __					
Muscle tremors/shaking __					
Weakness/incoordination __					
Difficulty climbing stairs/increased stiffness __					
Diminished vision __					
Diminished hearing __					
Housoiling: Urine __ Horizontal surface __ Vertical __ Bowel movement __ Urinary incontinence __ Indoor elimination in view of family __ Goes outdoors, eliminates indoors on return __ Elimination in crate or sleeping area __					
Impaired learning/memory: Decreased ability to work __ Forgets name/commands/previously learned tasks __ Decreased recognition of familiar people/animals __					

Key: 0 – No problem, M1 – Mild, M2 – Moderate, M3 – Severe	0	M1	M2	M3	When problem began?
Social: Decreased interest in petting/affection ___ Decreased tolerance of handling ___ More possessive ___ Increased need or demand for affection/attention ___ Problems with social relationships with other pets ___					
Disorientation: Gets lost ___ Goes to wrong side of door ___ Confused ___ Can't maneuver over or around obstacles ___					
Anxiety: Decreased tolerance of being left alone ___ Increased irritability ___ Restless/agitated ___ Anxiety ___ Fearful ___ Phobias ___ Aggression ___ Describe:					
Purposeless/repetitive activity: Vocal/whining ___ Pacing ___ Circling ___ Licking ___ Stares into space ___ Self-trauma ___ Sucking ___ Hallucinates ___ Describe:					
Sleep-wake cycles: Wakes at night/restless sleep ___ Decreased activity during the day/sleeps more ___					
Apathy/depression: Less reactive ___ Listless ___ Decreased interest in food ___ Decreased self-grooming ___					

Other problems/concerns (or use this space to describe any of the above in more detail)

List medications, diet or supplements your pet is taking:

Has your pet been previously diagnosed as having any medical problems? Y/N Describe:
