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Today's Date_____

Owner's Name _____ Address_____ City_____ Postal Code _____
Home Phone_____ Work Phone _____ Cell Phone _____
Pet's Name_____ Species □ Cat □ Dog □ Other _____Pet's Age_____
Gender □ Male □ Female Spayed/Neutered? □ Yes □ No How long has you pet been with you? _____

Senior Patient History Questionnaire

Please use these questions to tell us about the health of your pet and your concerns.

Reasons for visit ☐ Pre-anesthetic testing ☐ Senior Wellness Checkup ☐ Dental exam ☐ Other _____

1. Weight Gain _____ Loss _____ ..... □ none □ mild □ moderate □ severe How long? _____
2. Appetite Increase _____ Decrease _____ ..... □ none □ mild □ moderate □ severe How long? _____
3. Vomiting _____ Diarrhea _____ ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
4. Constipation/ Difficult defecation ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
5. Increased drinking_____ Urination _____ ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
6. Lumps/tumors _____ Skin problems _____ ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
7. Describe _____
8. Bad breath/sore gums/ difficulty chewing ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
9. Decreased awareness—gets confused / lost ..... ☐ none ☐ mild ☐ moderate ☐ severe How long _____
10. House soiling / spraying ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
11. Decreased recognition of people/animals/commands ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____

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12. Decreased affection/interaction with owner ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
13. Chewing / licking / eating non-food items..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
14. Increased irritability _____ aggression _____ ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
15. Increased fear _____ anxiety _____ ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
16. Decreased tolerance of handling..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
17. Decreased hearing or selective hearing..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
18. Repetitive behaviours (i.e. pacing / grooming)..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
19. Decreased grooming or self-care ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
20. Muscle tremors ____ Shaking _____..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
21. Weakness _____ Un-coordination _____..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
22. Difficulty Climbing stairs / Increased stiffness ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
23. Decreased activity—sleeps more ..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
24. Excessive vocalization: Day _____ Night _____..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____
25. Waking owners at night..... ☐ none ☐ mild ☐ moderate ☐ severe How long? _____

26. Other problems/concerns... ☐ none ☐ yes (explain) _____

How long? _____

27. Medications ☐ None ☐ Yes If yes, please list drug name, dose and frequency

Drug Name _____Dose _____Frequency _____ Start Date _____
Drug Name _____Dose _____Frequency _____ Start Date _____

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Today's Date_____

Drug Name _____Dose _____Frequency _____ Start Date _____
Drug Name _____Dose _____Frequency _____ Start Date _____

28. Existing medical problems ☐ No concerns ☐ Yes Please identify your concern, including how long you this has been a concern.

_____

Thank you for this information. It will help us to understand your pet's health and to make long term recommendations. Please remember to bring this questionnaire to your next veterinary appointment.