SENIOR CHECKUP MEDICAL RECORD

Client Instructions: Please fill out and answer questions on pages 1 and 2.

Date: ______________________________

Patient's Name: ______________________

□ Dog □ Cat

□ Male □ Female □ Neutered/Spayed

Breed: ___________ Color: ____________

Date of Birth: _________________________

Client's Name: ________________________

Address: _____________________________

City: ________________________________

Telephone: Home ______________________

Work ______________________

Mobile ______________________

NUTRITION

What does your pet eat? _________________

Dry, canned or moist? __________________

Please describe any snacks, supplements or table food your pet receives and how often.

____

____

Who in the family feeds the pet? ___________

How many times a day does your pet eat? _____

How is your pet's appetite? ______________

____

Have you observed any changes in your pet's eating habits or appetite recently? __________

____

ENVIRONMENT

Does your pet live indoors, outdoors, or both?

____

If outdoors, or both, where does your pet sleep?

____

If there are other pets in the family, please describe how many and what kind (s).

____

____

Are there any young children in the family? _____

Does your pet seek out warm places to lie down (such as by the radiator, heater vent or fireplace)?

____

EXERCISE

What kind of exercise does your pet get? ______

____

How often? ___________________________

If your pet has any problems with this exercise, please describe. ______________________

____

Does your pet tire easily? ________________

Does your pet have trouble breathing, or does your pet begin coughing soon after exercise? ___

WEIGHT

How do you monitor your pet's weight (scale, visually, other)? _______________________

If your pet has experienced any recent change in weight, please describe. _________________

____

____

DENTAL CARE

Has your pet ever had his/her teeth cleaned? ___

If so, how often? _______________________

When was the last time? _________________

Do you ever brush your pet's teeth? _________

Does your pet ever seem to have trouble chewing his/her food? _________________________

BEHAVIOR

What changes, if any, have you noticed in your pet's behavior? ____________________________

____

Please list any behavioral problems. __________

____

Have you recently felt your pet was:

□ more sensitive to pain

□ lethargic

□ moody or less tolerant

□ more anxious or nervous

□ more likely to not obey commands

□ no change

If so, when did you notice the change? _________

____

SPECIAL SENSES

Have you noticed any changes in your pet's vision?

____

Does your pet run into objects or become anxious in an unfamiliar environment? ________________

____

Have you noticed any changes in your pet's hearing? __________________________________

Is your pet sometimes less responsive to commands? ______________________________

OTHER INFORMATION

How much water does your pet drink in a day?

____

If there have been any recent changes in the amount of water or frequency of drinking, please describe. ________________________________

____

Does your pet dribble urine throughout the day or while sleeping? ___________________________

Does your pet have trouble going the whole night without urinating or defecating? ______________

If there have been any changes in the amount or frequency of your pet's bowel movements, please describe. ________________________________

____

____

Have you noticed your pet limping, acting stiff or painful in the morning or when he/she first gets up from resting? __________________________

If yes, does he/she improve after a while? ______

If there have been any changes or problems with your pet's skin or haircoat, please describe. ____

____

Please describe any coughing, sneezing, nasal discharge, eye discharge, scratching or head shaking by your pet. _______________________

____

____

Please describe any unusual lumps or bumps anywhere on your pet. ______________________

____

Does your pet have any past medical problems of which your veterinarian is unaware? __________

____

____

Please list any medication or supplements your pet is currently taking. ______________________

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____

Do you have any special concerns regarding your pet or your pet's health? ___________________

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