

# 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. \_\_\_\_\_  
\_\_\_\_\_

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