

# ANIMAL CARE GROUP

*of Lake Oswego*

## SENIOR WELLNESS QUESTIONNAIRE

To help us assess your pet, please check all those that apply:

Pet Name: \_\_\_\_\_ Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### EYES:

Vision ability	Normal	Decreased/Blind
Eyes	Normal	Discharge/Reddened

### EARS:

Redness	No	Yes
Discharge/Dirt	No	Yes
Odor	No	Yes

### NOSE:

Breathing Changes	No	Cough/Sneeze/Panting
Nasal Discharge	No	Yes

### MOUTH:

Bark (voice) Changes	No	Yes
Poor Breath (Halitosis)	No	Yes

### ELIMINATION:

Urination	Normal	Increased/Decreased
Difficulty Urinating	No	Yes
Defecation	Normal	Diarrhea/Constipation
Difficulty Defecating	No	Yes
Loss of Housetraining	No	Yes
Incontinence	No	Yes

### NUTRITION:

Appetite	Normal	Increased/Decreased
Thirst	Normal	Increased/Decreased
Weight Change	No	Increased/Decreased

### PHYSICAL:

Tumors/Growths	Absent	Present
Skin/Hair Coat Changes	No	Yes
Difficulty Climbing Stairs	No	Yes
Difficulty Jumping Up	No	Yes
Increased Stiffness or Limping	No	Yes
Limb weakness	No	Yes
Seizures	No	Yes
Tremors/Shaking	No	Yes

### BEHAVIOR:

Barking Frequency	Normal	Yes/Increased/Decreased
Change in Activity Level	No	Yes
Confusion or Disorientation	No	Yes
Less Interaction with Family	No	Yes
Changes in Sleeping Patterns	No	Yes/Increased/Decreased
Decreased Responsiveness	No	Yes

*Please answer a few more questions on the backside of this form.*

# SENIOR WELLNESS QUESTIONNAIRE CONT.

Check any oral or topical treatments your pet has received in the past 12 months:

Antihistamines  
Aspirin  
Dewormers  
Flea Treatment  
Glucosamine  
Heartworm Preventative

Hairball Treatments  
Herbs/natural Remedies  
Medicated Shampoo  
Pet Tabs  
Vit E/vit C

Please list additional medication/supplements: \_\_\_\_\_

\_\_\_\_\_

List any previous significant health history (injury, seizures, diabetes, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NUTRITIONAL DIET:

Food: \_\_\_\_\_

Amount per feeding: \_\_\_\_\_

How many times a day? \_\_\_\_\_

Does your pet receive table food? If yes, what?: \_\_\_\_\_

\_\_\_\_\_

Treats (biscuits, rawhides, etc.): \_\_\_\_\_

\_\_\_\_\_

Additional concerns and comments (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_