

# SENIOR CHECKUP MEDICAL RECORD

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Client's Name: \_\_\_\_\_

## NUTRITION

What brand of food does your pet eat? \_\_\_\_\_

Dry, canned, or moist? \_\_\_\_\_

Describe any snacks, supplements, or table food your pet receives and how often and how much.

\_\_\_\_\_  
\_\_\_\_\_

Who in the family feeds your pet? \_\_\_\_\_

How many times a day does your pet eat? \_\_\_\_\_

How much does he/she eat at each meal? \_\_\_\_\_

How is your pet's appetite? \_\_\_\_\_

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

\_\_\_\_\_

## ENVIRONMENT

What percentage ( %) does your pet live indoors \_\_\_\_\_% , outdoors \_\_\_\_\_ % ?

Where does he/she sleep? \_\_\_\_\_

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

\_\_\_\_\_

Are there young children in the family? \_\_\_\_\_

Does your pet seek out warm places to lie down (ie., radiator, heater vent, or fireplace)? \_\_\_\_\_

\_\_\_\_\_

## EXERCISE

What kind of exercise does your pet receive? \_\_\_\_\_

How often? \_\_\_\_\_

If your pet has any problems with exercise, please describe. \_\_\_\_\_

\_\_\_\_\_

Does he/she tire easily? \_\_\_\_\_

Does your pet have trouble breathing or coughing during or soon after exercise? \_\_\_\_\_

\_\_\_\_\_

## WEIGHT

How do you monitor your pet's weight ( scale, visual, other )? \_\_\_\_\_

If your pet has experienced any recent changes 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 brush your pet's teeth? \_\_\_\_\_ How often? \_\_\_\_\_

Does your pet ever seem to have trouble chewing? \_\_\_\_\_

## BEHAVIOR

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

\_\_\_\_\_

Please list any behavior problems. \_\_\_\_\_

\_\_\_\_\_

Have you recently felt your pet was:

more sensitive to pain       more anxious or nervous

more lethargic       moody or less tolerant       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 he/she 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, or both, please describe. \_\_\_\_\_

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If there has been any changes in the amount and/or frequency of urination, please describe.

\_\_\_\_\_

Does your pet dribble urine throughout the day or when sleeping? \_\_\_\_\_

\_\_\_\_\_

Does he/she 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, stiff or painful in the mornings or when he/she firsts gets up?

\_\_\_\_\_

If yes, does he/she improve after a while, and which legs appeared to be affected? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

#### OTHER INFORMATION

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

\_\_\_\_\_

Please describe any lumps or bumps anywhere on your pet. \_\_\_\_\_

\_\_\_\_\_

Does your pet have any new medical or behavioral problems, not yet discussed, that you would like to make us aware of? \_\_\_\_\_

Please list any medications or supplements your pet is currently taking. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

#### COMMENTS OR CONCERNS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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