

Older Pet Questionnaire

Please fill in the following questionnaire prior to your appointment. This will allow the nurse or vet to spend longer on the clinical assessment and conducting the required tests.

Pet's Name:						
Dog	Cat					
Male	Female	Neutered				
Age:	Weight:					
Apart from neutering (where applicable), has your pet had any other operations?						
Sleeping patte	rns:					
	u describe the amount or mal for them/increased	of time your pet spends asleep each day?				
_		ghout the night? YES / NO				
If no: Do they get up during the night to (tick all that apply)						

Defecate

Whine

Drink water

Bark

Pant

Other

If other, please specify:

Urinate

Pace

House Training:

Has there been ...?

An increase in urination Urinary accidents

Leaking urine where they lay Changes of fecal appearance

Pooing inside (but seems aware) Fecal incontinence

Pooing inside (but seems unaware)

Have you noticed...?

A change in hearing Coughing more

Meowing/moaning more Vision problems

Panting more frequently Bad breath

Change in their bark or meow

If vision problems (mark all those that apply):

In bright light In dim light At night Up close

When visiting new places

Skin:

Nails longer than normal Smell bad

Itching Flaky skin/dandruff

Shivering Licking or chewing at body/feet

Masses Greasy coat

Scabs or sores Thinning of coat/bald patches

Changes in skin pigment e.g.

dark patches

Mentation: Does your pet do any of the following?

Pace during the day Stare off into space

Show increased aggression Experience any seizures

Exhibit less interaction with family Become disorientated or distant

Show any agitation Find themselves stuck in odd locations

Become more vocal

	ing / Drinking: there been?					
	Increase in thirst Weight los		We	eight gain		
	Increased appetite	Decreased ap	petite			
What diet is your pet currently on, including any titbits or treats?						
Мо	bility:					
Check all points that are true for your pet:						
	Needs assistance to get up		Change of gait/walk			
	Has difficulty jumping		Need assistance with climbing stairs			
	Needs assistance accessing food and water bowls		Has difficulty getting outside/into litter tray to toilet			
What type of floor do you have in your home?						
	Tiles V	Vood	Laminate	Carpets		
Oth	ner:					
What's your pet's exercise schedule?						
Has	Has this changed in the last year? YES NO					

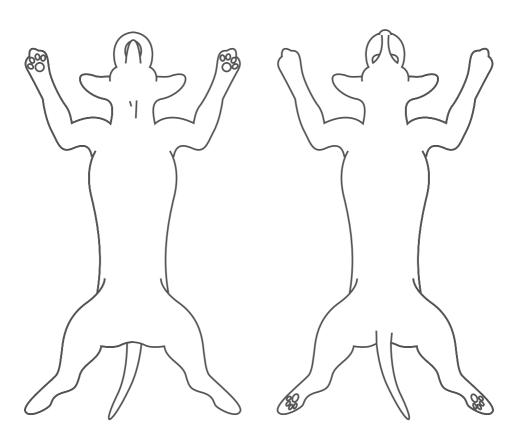
Miscellaneous:

Are there any concerns you have?

Is your pet on any medication or supplements?

Masses:

Please circle any lumps or bumps your pet has below.



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