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 patterns:

How would you describe the amount of time your pet spends asleep each day? Decreased/normal for them/increased

Do they have a peaceful sleep throughout the night? **YES / NO**
If no: Do they get up during the night to (*tick all that apply*)

☐ Urinate ☐ Defecate ☐ Drink water ☐ Pant

☐ Pace ☐ Whine ☐ Bark ☐ Other

If other, please specify:

House Training:

Has there been...?

- [ ] An increase in urination
- [ ] Leaking urine where they lay
- [ ] Pooing inside (but seems aware)
- [ ] Pooing inside (but seems unaware)
- [ ] Urinary accidents
- [ ] Changes of fecal appearance
- [ ] Fecal incontinence

Have you noticed...?

- [ ] A change in hearing
- [ ] Meowing/moaning more
- [ ] Panting more frequently
- [ ] Change in their bark or meow
- [ ] Coughing more
- [ ] Vision problems
- [ ] Bad breath

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
- [ ] Itching
- [ ] Shivering
- [ ] Masses
- [ ] Scabs or sores
- [ ] Changes in skin pigment e.g. dark patches
- [ ] Smell bad
- [ ] Flaky skin/dandruff
- [ ] Licking or chewing at body/feet
- [ ] Greasy coat
- [ ] Thinning of coat/bald patches

Mentation: Does your pet do any of the following?

- [ ] Pace during the day
- [ ] Show increased aggression
- [ ] Exhibit less interaction with family
- [ ] Show any agitation
- [ ] Become more vocal
- [ ] Stare off into space
- [ ] Experience any seizures
- [ ] Become disorientated or distant
- [ ] Find themselves stuck in odd locations

Eating / Drinking:

Has there been...?

- ☐ Increase in thirst
- ☐ Weight loss
- ☐ Weight gain
- ☐ Increased appetite
- ☐ Decreased appetite

What diet is your pet currently on, including any titbits or treats?

Mobility:

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
- ☐ Wood
- ☐ Laminate
- ☐ Carpets

Other:

What's your pet's exercise schedule?

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.