

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

<b>SENIOR PET HEALTH PROFILE</b>		
<b>CHECK ALL THAT APPLY TO YOUR PET</b>	<b>YES</b>	<b>FURTHER EXPLANATION</b>
Difficulty climbing stairs		
Difficulty jumping up		
Increased stiffness/limping		
Loss of houstraining		
Change in litter box habits/inappropriate elimination		
Increased thirst		
Increased urination		
Changes in activity level		
Circling/Repetitive movements		
Persistent vocalization		
Excessive scratching		
Confusion or disorientation		
Excessive barking/meowing		
Less interaction with family/hiding		
Decreased responsiveness		
Tremors or shaking		
Skin and hair-coat changes/bumps or lumps		
Excessive panting		
Changes in sleeping pattern/location		
Less enthusiastic greeting or behavior		
Changes in appetite: Increased/decreased		
Weight change:   Gain       Loss		
Bad Breath		
Seizures		
Vomiting		
Hearing/vision loss		

What type of food is your pet eating?  
How much?

List any medications you give your pet:

Any other specific concerns: