

Client Name: _____ Pet Name: _____ Date: _____

SENIOR PET HEALTH PROFILE

CHECK ALL THAT APPLY TO YOUR PET

YES

FURTHER EXPLANATION

Difficulty climbing stairs _____

Difficulty jumping up _____

Increased stiffness/limping _____

Loss of housetraining _____

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:
