

# SENIOR HEALTH CHECKLIST: DOG

Please take a moment to answer the following questions for your dog's appointment.

Client: \_\_\_\_\_ Dog: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: M or F Spay/Neutered: Y or N

**X** all that apply to your dog!!

BEHAVIORAL/NEUROLOGICAL:	
<input type="checkbox"/>	Is not himself/herself
<input type="checkbox"/>	Is not seeking as much attention and interacts less with the family
<input type="checkbox"/>	Sleeping patterns have changed
<input type="checkbox"/>	Barking or howling for no reason
<input type="checkbox"/>	Seems confused and disoriented
<input type="checkbox"/>	Tremors or episodes of shaking
ACTIVITY/ORTHOPAEDICS:	
<input type="checkbox"/>	Changes in activity levels and behavior
<input type="checkbox"/>	No longer wants to play, lags behind on walks
<input type="checkbox"/>	Has difficulty jumping, climbing, or maneuvering the stairs
<input type="checkbox"/>	Lameness
<input type="checkbox"/>	Signs of pain when touching certain body parts
BODY FUNCTIONS:	
<input type="checkbox"/>	Bad breath, red swollen gums, dribbles (circle all that apply)
<input type="checkbox"/>	Has difficulty chewing
<input type="checkbox"/>	Eating habits have changed
<input type="checkbox"/>	Gained or lost weight (circle one)
<input type="checkbox"/>	Drinking more than usual
<input type="checkbox"/>	Urinating more frequently and/or straining to urinate (circle one)
<input type="checkbox"/>	Vomiting, diarrhea, constipation, straining (circle all that apply)
<input type="checkbox"/>	Loss of house training
<input type="checkbox"/>	Hearing loss and/or poor vision
SKIN AND COAT:	
<input type="checkbox"/>	Scratches, chews, or licks excessively
<input type="checkbox"/>	Changes in skin or coat
<input type="checkbox"/>	Skin has an odor
<input type="checkbox"/>	Noticed new lumps and bumps
HEART AND LUNGS:	
<input type="checkbox"/>	Coughing/sneezing
<input type="checkbox"/>	Breathing is more rapid and shallow, frequent panting
<input type="checkbox"/>	Tires quickly and/or seems short of breath

**Current Dietary Information:**

What foods and treats do you currently feed your dog (list all):

How often and how much?

Do you have any specific questions or concerns about your dog?

**Veterinarian Recommendations:**

Recommended diet: \_\_\_\_\_

Feeding amount: Dry: \_\_\_\_\_ cups per day Canned: \_\_\_\_\_ can(s) per day To be divided into \_\_\_\_\_ meals per day.

Additional comments: \_\_\_\_\_

Next recommended appointment: \_\_\_\_\_