



Senior Pet Clinic Questionnaire- DOG

Pets Name Clients Surname.....
Owners Surname..... Dogs Age.....

Please tick any of the following that you have noticed in your Dog

BEHAVIOUR

- Changes in sleeping location or pattern
- Increase in toileting accidents
- Disinterested in interacting with the family
- Reduced vision
- Reduced hearing
- Confusion
- Not allowing handling or grooming
- Changes in bark

BODILY FUNCTIONS

- Bad Breath
- Dribbling
- Increase in drinking
- Increase in eating
- Increase in urinating
- Constipation
- General smell to fur
- Difficulty eating
- Decrease in appetite
- Decrease in drinking
- Vomiting or regurgitation



ACTIVITY/MOBILITY

- Slowing down on walks
- Playing less than usual
- Difficult jumping or climbing the stairs
- Seemingly stiff when getting up or pained when touched
- Not eating for as long as they used to at meal times

SKIN AND COAT

- Reduced grooming
- Flaky or dry skin
- New or growing lumps and bumps
- Scruffy coat or losing more fur than normal

DIET AND MEDICINE

What do you currently feed your dog?

Wet/dry/brand/flavour.....
.....

What treats or extras does your dog

have?.....
.....

Are they on any supplements or medication? If so

what.....
.....
.....



For nurse completion only

Weight

Temperature

Pulse

Respiration

CRT

Dental notes

Comments on eyes

Nail Check and Clip

Vaccination status

Comments on:

Behaviour

Body functions

Activity/Mobility

Skin and Coat

Miscellaneous