

Senior Clinic Questionnaire

Please complete this form about your pet to the best of your knowledge. Answering the questions below as honestly as possible, will help our veterinary team to monitor changes and develop clear, achievable goals in your pet's senior years.

Owner: Pets name:

Age: Breed: Sex: M F

Neutered: Yes No Are vaccinations up to date: Yes No

Which flea/worm treatment do you use on your pet?

When was it last given?

Is your pet currently on any medications or supplements? Yes No

If yes, please list all medications/supplements:

Has your pet's appetite changed? Yes No

If yes, please describe what has changed

Do you fill your pet's water bowl up more often than you used too or have you noticed any changes to their drinking habits? Yes No

If yes, please describe what has changed

Does your pet show difficulty eating? Yes No

Please list what you would feed your pet in a normal 24 hour day

Does your pet still enjoy exercise? Yes No

If no, please describe what has changed

Have you noticed any exercise intolerance? Yes No

If yes, please describe what has changed

Have you noticed any stiffness or lameness? Yes No

If yes, please describe what has changed

Any difficulty in getting up after resting? Yes No

If yes, please describe what has changed



An independent, partner owned group with 4 accredited surgeries
and an RCVS Veterinary Hospital

www.garstonvets.co.uk



Does your pet ever seem disoriented? Yes No

If yes, please describe what has changed

Have you noticed your pet bumping into things? Yes No

If yes, please describe what has changed

Any change in behaviour (grumpier/less tolerant)? Yes No

If yes, please describe what has changed

Does your pet ever seem restless or unable to settle? Yes No

If yes, please describe what has changed

Have you noticed that your pet sleeps in new places and for more hours each day? Yes No

If yes, please describe what has changed

Has your pet's hearing or eyesight changed? Yes No

If yes, please describe what has changed

Do they appear to bark or meow for no reason? Yes No

If yes, please describe what has changed

Can your pet still groom themselves effectively? Yes No

If yes, please describe what has changed

Has your pet's weight changed recently? Yes No

If yes, please describe what has changed

Does your pet's breath smell? Yes No

If yes, please describe what has changed

Any changes in urine or faeces (blood/frequency/consistency)? Yes No

If yes, please describe what has changed

Any accidents in the house that didn't used to occur? Yes No

If yes, please describe what has changed

Has your pet's skin or coat changed? Yes No

If yes, please describe what has changed

Has your pet developed any new lumps? Yes No

If yes, please describe what has changed

Are there any changes to any existing lumps? Yes No

If yes, please describe what has changed

Any regular coughing, wheezing or breathlessness? Yes No

If yes, please describe what has changed