

Hillside Animal Hospital

Senior Pet Health Questionnaire

At Hillside Animal Hospital we are devoted to making sure your pet is as comfortable as they can be in their senior years. If you answer yes to any of these questions, please indicate the duration as to when the change occurred and give a brief description of the behavior.

Does your pet have any of the following?

1. Panting more? Yes No Explain: _____
2. Coughing? Yes No Explain: _____
3. Changes in coat/skin? Yes No Explain: _____
4. Any new lumps? Yes No Explain: _____
5. Increase in drinking? Yes No Explain: _____
6. Increase in urination? Yes No Explain: _____
7. Losing house training habits? Yes No Explain: _____
8. Changes in eating habits? Yes No Explain: _____
9. Changes in sleeping habits? Yes No Explain: _____
10. Bad breath? Yes No Explain: _____
11. Seem confused or disoriented? Yes No Explain: _____
12. Difficulty going up/down stairs? Yes No Explain: _____
13. Any stiffness or limping? Yes No Explain: _____
14. Difficulty jumping? Yes No Explain: _____
15. Decrease or increase in weight? Yes No Explain: _____