



Senior Wellness Survey

	Yes	No
Does your pet have a good appetite?		
Has his or her appetite changed? If yes please circle one: increased or decreased		
Does your pet have any trouble chewing?		
Do you notice any bad breath?		
Has your pet experienced any changes in drinking? If yes please circle one: increased or decreased		
Does your pet tire more easily? <i>Lag behind on walks or have decreased activity level</i>		
Have you noticed any stiffness or lameness?		
Is your pet uncoordinated or seem to lose his/her balance?		
Has he/she experienced any vomiting or diarrhea?		
Does your pet have decreased vision? <i>Running into things or unsure of new surrounding</i>		
Does your pet have difficulty hearing? <i>Less responsive to doorbell or other noises</i>		
Have you noticed any ear odor or debris?		
Does your pet have any lumps or bumps?		
Is your pet's skin dry or itchy?		
Have you observed any coughing?		
Have you observed any sneezing?		
Has your pet had any changes in urination? _____ If yes please circle one: increased or decreased		
Has the urine changed in color or consistency?		
Has your pet had any changes in bowel movements? If yes please circle one: increased or decreased		

List the type of food you are feeding your pet, including any treats or table food, how much, and how often you are feeding it:

List any medications, including supplements, vitamins, flea/tick, and heartworm preventive, that your pet is taking:

Are there any specific areas of concern you would like to address with your veterinarian: