

Senior Health Checklist: Dog

Please complete the following checklist for your dog's appointment.

Dog's name: _____

Breed: _____

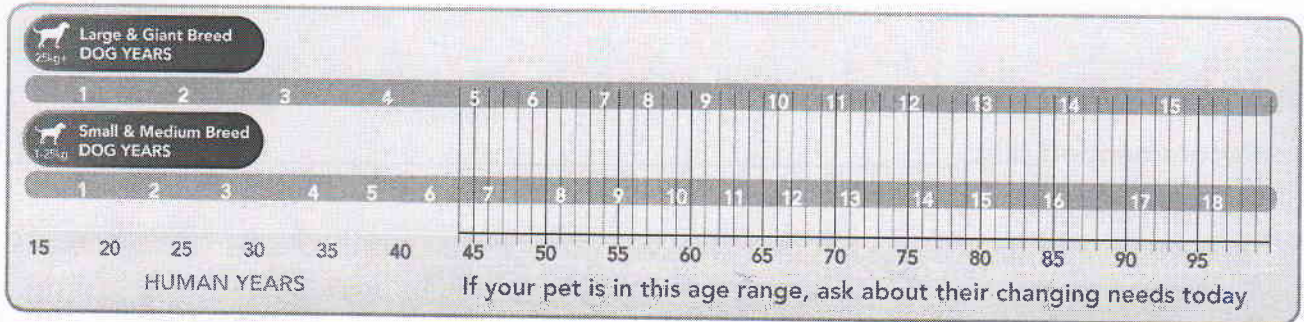
Date: _____

Age: _____

Owner's name: _____

Sex: Male Female

Your dog's age in human years:



(✓) Check all that apply to your dog:

BEHAVIOURAL/NEUROLOGICAL

- Is not himself/herself
- Interacts less with the family
- Seems confused or disoriented
- Barking or howling for no reason
- Changed sleeping patterns
- Tremors or episodes of shaking

ACTIVITY/ORTHOPAEDICS

- Change in activity level
- Lags behind on walks
- Difficulty climbing stairs and jumping
- Lameness
- Signs of pain

BODY FUNCTIONS

- Bad breath or red swollen gums
- Difficulty chewing
- Eating habits have changed
- Gained/lost weight (circle one)
- Drinking more water than usual
- Urinating more frequently than usual
- Loss of house-training
- Vomiting, diarrhoea, constipation, straining (circle all that apply)
- Trouble with vision and/or hearing

SKIN AND COAT

- Scratches, licks, and chews excessively
- Changes in coat or skin
- New lumps or bumps
- Skin has an odour

HEART/LUNGS

- Coughing
- Panting more often
- Tires more rapidly or seems short of breath



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Current dietary information

What foods and treats do you currently feed your dog?

How often and how much?

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

Veterinarian recommendation

Recommended diet: _____

Feeding amount:

Dry: _____ gm per day/ _____ cups per day

Canned: _____ cans per day

To be divided into _____ meals per day

Veterinarian comments

Next appointment: _____



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