

Canine Senior Wellness

Created: _____

CLIENT: _____

NO PET ASSIGNED

Please help us provide the best care for your pet by responding to the following questions prior to your pet's scheduled appointment. Thank you.

1. Have you noticed any issues/problems with your pet? (this can include changes in behavior, sleep or play)

2. Have you noticed any problems with your pet getting around/mobility issues?

☐ No

☐ Yes, my pet is having mobility issues that I want to talk with the nurse/doctor about

3. What prescription medications, supplements and/or OTC medications does your pet receive?

4. Do you give heartworm/flea/tick prevention every month all year round or only during "warm" months?

☐ Every month, all year round

☐ Seasonally, during the warm months

☐ My pet does not receive heartworm/flea/tick prevention

5. What brand(s) of heartworm and flea/tick prevention do you give your pet?

6. When did your pet receive their last dosage of heartworm/flea/tick prevention?

☐ Within the last 30 days

☐ Within the last 3 months

☐ I'm not sure



7. What medication(s), monthly preventative(s), or prescription food do you need refilled today?

8. Have you seen any fleas or ticks on your pet or any parasites in your pet's stool?

☐ No

☐ Yes

9. What is your pet's outdoors environment like? (Please select all that apply)

☐ Wooded areas,
hiking

☐ Standing water,
lakes, streams

☐ Grass, neighborhood,
urban

☐ Farm, rural,
working dog

10. Does your pet go to any of the following? (please select all that apply)

☐ Boarding or
Doggy Daycare

☐ Grooming

☐ Dog Parks

☐ Pet Stores

☐ Other (*interacting
with friends'/family
members' dogs, etc*)

11. What type of food do you feed your pet? What is your feeding routine? (amount offered, how many times daily)?

12. Is your pet eating and drinking normal amounts? If not, what changes have you noticed?

13. Have you noticed any changes in your pet's urination and defecation habits (frequency of urination or defecation, diarrhea or excessively hard stool, etc.)?

☐ No

☐ Yes

☐ I'm not sure

14. Has your pet had any vomiting, regurgitation or diarrhea?

☐ No

☐ Yes, occasionally and
I'm not worried about it

☐ Yes, frequently and I want to talk to
my nurse/doctor more about this

15. Have you noticed any lumps or bumps on your pet?

☐ No

☐ Yes and it/they are
the same as during the
last vet visit

☐ Yes and it/they have changed; I
want to talk to my doctor/nurse
about this



16. Has your pet been coughing or sneezing more than normal?

- ☐ No, no abnormal coughing nor sneezing ☐ Yes, coughing and sneezing more than normal ☐ Yes, coughing more than normal ☐ Yes, sneezing more than normal

17. Is your pet scratching or chewing at themselves or doing any excessive head shaking?
(Please select all that apply)

- ☐ No, none of these ☐ Yes, scratching more than normal ☐ Yes, chewing/licking more than normal ☐ Yes, head shaking more than normal

18. We recommend yearly blood and fecal testing for your pet. Do you authorize this labwork?

- ☐ Yes, please do all recommended blood and fecal testing for my pet ☐ I'm not sure, I need more information from my nurse/doctor before making a decision ☐ No, I decline the recommended blood and fecal testing

19. Does your pet need any additional services while with us today?

- ☐ Nail trim ☐ Anal gland expression ☐ Other. Please let your nurse or assistant know.

