

## Senior Pet Health Checklist

No one knows your pet like YOU! Your careful observation of any changes in your pet's health or behavior is vital to the early detection of any health issues. Please check off any thing that you might have noticed to be new or different in your pet.

Owner name \_\_\_\_\_

Pet name \_\_\_\_\_ Age \_\_\_\_\_

Bad breath or drooling	
Red or swollen gums	
Weight gain or weight loss	
Appetite increase	
Appetite decrease	
Vomiting	
Diarrhea	
Blood or mucus in stool	
Constipation	
Fecal or Urinary Accidents	
More frequent urinations	
Increased thirst or drinking	
Sneezing	
Coughing	
Panting or heavy breathing	
Weakness after exercise	
Lethargy or seems tired	

Any Lumps or bumps	
Changes in skin or coat	
Stiffness or Limping	
Difficulty on stairs or jumping	
Difficulty rising	
Weakness or incoordination	
Drags foot or stumbles	
<b>Behavior changes:</b>	
-whining or meowing more	
-confusion or disorientation	
-fails to recognize you	
-wanders or paces	
-withdrawn or listless	
-changes in sleep pattern	
-decreased grooming (cats)	
Vision loss or eye issues	
Hearing loss or ear issues	

Were there any other problem or concerns not covered in the check list? \_\_\_\_\_

\_\_\_\_\_

Do you travel around the state or out of state with your pet? \_\_\_\_\_

List any nutritional supplements that you give. \_\_\_\_\_

\_\_\_\_\_

*Please bring to Front Range Animal Hospital for your pet's appointment, FAX to 481-3044 or email to:*

[frah@frontrangeanimalhospital.com](mailto:frah@frontrangeanimalhospital.com)

What type of food / amount do you feed daily?

\_\_\_\_\_

\_\_\_\_\_

What table foods or treats? \_\_\_\_\_

\_\_\_\_\_

List any medicine your pet is being given \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_