



Comprehensive Senior Wellness Questionnaire

To help identify your pet's needs, please complete the following questions:

Date: _____

Name: _____

- 1) Is your pet drinking more water? Yes No
- 2) I think my pet has lost or gained weight over the past year. Yes No
- 3) My pet's stamina, ability to exercise or go for walks has decreased over the past year. Yes No
- 4) I've noticed my pet is slower to get up or lie down and doesn't play as much as before. Yes No
- 5) I've noticed new lumps or bumps on my pet over the past year. Yes No
- 6) My pet has developed an occasional cough, especially after exercise. Yes No
- 7) My pet's hearing or vision seems to be getting weaker. Yes No
- 8) I've noticed a few more accidents in the house over the past year. Yes No
- 9) My pet seems a little slower or less active than a year ago. Yes No
- 10) My pet's breath stinks! Yes No
- 11) What are you feeding your pet? _____
How much? _____ How often? _____
- 12) Are you giving your pet heartworm prevention? Yes No
- 13) Are you administering flea prevention? Yes No
- 14) Does your pet live outdoors? Yes No
- 15) Are you providing home dental care for your pet? Yes No

It's A Great Time To Be A Pet!