

Symptom Checklist for Senior Dogs

Please print and complete for your pet's appointment.

Please check all that apply to your dog:

BEHAVIOR/NEUROLOGIC

- My dog is just not acting like himself/herself.
- My dog is not seeking as much attention and interacts less with the family.
- My dogs seems confused or disoriented.
- My dog has been barking or howling excessively for no apparent reason.
- My dog's sleeping patterns have changed.
- My dog has had tremors or episodes of shaking.
- My dog has displayed circling, head tilts, or repetitive movements.

BODY FUNCTIONS

- My dog has bad breath and red swollen gums.
- My dog has difficulty chewing.
- My dog's eating habits have changed.
- My dog has gained/lost weight. (circle one)
- My dog is drinking more water than usual.
- My dog is urinating more frequently than usual.
- My dog's house-training habits have changed and he/she sometimes has accidents.
- My dog's bowel habits have changed (increased frequency, diarrhea, constipation, straining). (circle all that apply)
- My dog vomits more than occasionally.
- My dog seems to have trouble seeing or hearing.

HEART/LUNGS

- My dog has been coughing or seems winded after walking or playing.
- My dog seems to be panting more.
- My dog tires more rapidly or seems short of breath.

ACTIVITY/ORTHOPEDICS

- I have noticed a change in my dog's behavior or activity level.
- My dog lags behind on walks.
- My dog has difficulty climbing stairs and jumping.
- My dog limps, especially after exercise.
- My dog show signs of pain.

SKIN AND COAT

- My dog scratches, licks, and chews excessively.
- My dog has changes in haircoat, skin, or new lumps or bumps.
- My dog's skin has an odor.

What foods and treats are you currently feeding your dog?

How often? _____

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

Pet: _____

Date: _____

Owner: _____

Circle Your Dog's Age in Human Years

Age	Dog's Age in Human Years			
	0-20 lbs	20-50 lbs	50-90 lbs	>90 lbs
1	7	7	8	9
2	13	14	16	18
3	20	21	24	26
4	26	27	31	34
5	33	34	38	41
6	40	42	45	49
7	44	47	50	56
8	48	51	55	64
9	52	56	61	71
10	56	60	66	78
11	60	65	72	86
12	64	69	77	93
13	68	74	82	101
14	72	78	88	108
15	76	83	93	115
16	80	87	99	123
17	84	92	104	131
18	88	96	109	139
19	92	101	115	
20	96	105	120	
21	100	109	126	
22	104	113	130	
23	108	117		
24	112	120		
25	116	124		

Color Key

- Adult
- Senior
- Geriatric

Wellness Visit Report

Pet Name: _____

Date: _____

Doctor: _____

Technician: _____

HISTORY

1. Have you noticed any problems with your pet? _____
2. What type of food do you feed your pet? _____
How much do you feed? _____
3. Do you give heartworm and flea/tick preventative?
 None Yes, Brand(s) _____ Date Last Given? _____
4. What percentage of time does your pet spend outside? _____
5. Have you seen any fleas or ticks on your pet? Yes No
6. Do you have other pets? Yes No
Are they currently vaccinated and on heartworm and flea prevention? Yes No
7. Does your pet go to the following: Boarding Grooming None Other

VITAL SIGNS

Weight: _____ Previous Weight: _____

VACCINATIONS

Rabies: 1 year 3 year Distemper (HCP): 1 year Leukemia: 1 year Other: _____

PARASITE/VIRAL TESTING

No Testing Performed:

Fecal Parasite: Negative Positive Heartworm: Negative Positive Feline Aids (FIV): Negative Positive

Feline Leukemia: Negative Positive Other Testing: _____ Remarks: _____

PHYSICAL EXAM FINDINGS

NOSE AND THROAT

- Normal Abnormal Remarks: _____
 Did Not Examine

EYES AND EARS

- Normal Abnormal Remarks: _____
 Did Not Examine

LYMPH NODES

- Normal Abnormal Remarks: _____
 Did Not Examine

NERVOUS SYSTEM

- Normal Abnormal Remarks: _____
 Did Not Examine

GI TRACT/ABDOMEN

- Normal Abnormal Remarks: _____
 Did Not Examine

MOUTH/TEETH/GUM

- Normal Abnormal Remarks: _____
 Did Not Examine Dental Stage: _____

COAT AND SKIN

- Normal Abnormal Remarks: _____
 Did Not Examine

LEGS/PAWS/BACK

- Normal Abnormal Remarks: _____
 Did Not Examine

HEART AND LUNGS

- Normal Abnormal Remarks: _____ Did Not Examine
 Heart Murmur Grade ____/VI Murmur Comments: _____

URINARY AND GENITALS

- Normal Abnormal Remarks: _____
 Did Not Examine

WELLNESS CHECKLIST

HAVE NEED

- Microchip Identification: _____
 Diagnostics: _____
 Food: _____

HAVE NEED

- Heartworm Preventative Refill: _____
 Flea Preventative Refill: _____
 Vitamins/Supplements: _____

ASSESSMENT & PLAN

Assessment: _____

Plan: _____