

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	<input type="checkbox"/>
Red or swollen gums	<input type="checkbox"/>
Weight gain or weight loss	<input type="checkbox"/>
Appetite increase	<input type="checkbox"/>
Appetite decrease	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>
Blood or mucus in stool	<input type="checkbox"/>
Constipation	<input type="checkbox"/>
Fecal or Urinary Accidents	<input type="checkbox"/>
More frequent urinations	<input type="checkbox"/>
Increased thirst or drinking	<input type="checkbox"/>
Sneezing	<input type="checkbox"/>
Coughing	<input type="checkbox"/>
Panting or heavy breathing	<input type="checkbox"/>
Weakness after exercise	<input type="checkbox"/>
Lethargy or seems tired	<input type="checkbox"/>

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-withdrawn or listless	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

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? _____

What type of food / amount do you feed daily? _____

What table foods or treats? _____

List any medicine your pet is being given _____
