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Senior Wellness Checklist

Please take a moment to fill out the following survey so that our doctors and staff will be better able to help make your pet's "Senior Years" as happy & healthy as possible

Pet's Name _____ Age _____ Breed _____ Sex _____

Is Your Pet?	Yes	NO
Just not himself/herself		
Interacting less often with family		
Responding less often or less enthusiastically		
Changing in behavior		
Changes in activity level; fatigue or sluggishness		
Having difficulty climbing stairs		
Having difficulty jumping		
Exhibiting signs of increased stiffness or limping		
Circling/Repetitive movements		
Drinking more often		
Urinating more often		
Changing eating patterns		
Noticeably gaining or losing weight		
Losing housetraining habits		
Changing sleeping patterns		
Confused or disoriented		
Experiencing changes in haircoat, skin, or new lumps or bumps		
Scratching more often		
Exhibiting bad breath/red or swollen gums		
Showing tremors or shaking		
Vomiting, diarrhea, or flatulence		
Excessive vocalization		
Excessive panting		

Please circle all that apply
In the last year my pet:

Eats	More	Less	Same	Not Sure	
Drinks	More	Less	Same	Not Sure	
Weighs	More	Less	Same	Not Sure	
Coughs	Continually	Daily	3-5 times per week	Occasionally	Rarely
Cough Is	Dry	Moist	-	Not Sure	
Hearing	Same	Decreased	May be Deaf	Not Sure	
Sight	See well	Has trouble	Bumps into walls	Not Sure	
Bowel Movements	More	Normal	Less	Hard	
Urination	Increased	Decreased	Strong Odor	Weak	Leaking
Joints	Still Athletic	Stiff & Sore	Trouble w/stairs	Can't get on bed any more	Favors leg(s)
Behavior	Normal	Restless at night	Whines/Cries at night	Seems disoriented at time	Seems confused
	Wonders a lot	Vocalizing	Accidents in house		
Other:					

I am concerned about:

Owner Name _____ Phone# _____ Date _____