

Senior Pet Clinic Questionnaire – Dog

Pets Name.....

Date.....

Owner's Surname.....

Dog's Sex.....

Breed.....

Dog's Age.....

Please tick any of the following which applies to your dog:

Behaviour

- | | |
|---|--|
| <input type="checkbox"/> Changes in sleeping locations or patterns | <input type="checkbox"/> Not allowing handling or grooming |
| <input type="checkbox"/> Loss of house training or accidents | <input type="checkbox"/> Reducing hearing |
| <input type="checkbox"/> Hiding away or not wanting to interact with the family | |
| <input type="checkbox"/> Reduced vision | <input type="checkbox"/> Funny turns/collapsing episodes |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Changes on bark/more vocal |

Activity / Mobility


- | | |
|--|---|
| <input type="checkbox"/> Slowing down on walks | <input type="checkbox"/> Difficulty jumping pr climbing |
| <input type="checkbox"/> Playing less than usual | <input type="checkbox"/> Seem stiff or painful |
| <input type="checkbox"/> Cries when touched or picked up | If yes, what area does the dog react to..... |


Skin & Coat


- | | |
|---|--|
| <input type="checkbox"/> Reduced grooming | <input type="checkbox"/> Flakey or dry skin |
| <input type="checkbox"/> New or growing lumps & bumps | <input type="checkbox"/> Scruffy coat or losing more fur |


Body Functions

- | | |
|--|---|
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Dribbling |
| <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Increased drinking |
| <input type="checkbox"/> Urinating more frequently | <input type="checkbox"/> Difficulty eating |


 Decreased drinking

 More frequent or loose stools/Diarrhoea

 Vomiting or regurgitating

 Decreased appetite

 Constipation

 For unneutered females only; change
in season (length, interval etc)

General Questions

What food(s) do you mainly feed you dog?

How many meals do you feed each day?

Do you feed any treats?

If yes, what treats do you feed?

Do you feed any supplements?

Is your dog on any ongoing medication?

If yes, what are these medications?

Does your dog live with other dogs or cats?

Is your dog up to date with their vaccinations?

Do you use flea and (or) tick preventative?

If yes, what do you use?

How often? Monthly / Every 2 monthly / Every 3 months

Do you use a wormer preventative?

If yes, what do you use

How often? Monthly / Every 2 monthly / Every 3 months

Any Coughing or changes in breathing YES NO

Any other information you feel we should know?

Please bring a fresh urine sample in with you to your appointment.

Please email this back to us at hello@spirevets.co.uk prior to your appointment.