

# SANFORD OAKS ANIMAL CLINIC



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## SENIOR PET HEALTH QUESTIONNAIRE

CLIENT'S FIRST & LAST NAME:	DAYTIME PHONE #: (     )     -		
PET'S NAME:	DOG / CAT	BREED	
COLOR	SEX	SPAYED/NEUTERED?	AGE _____ years

Please answer the following questions to the best of your ability. Bring completed form with you on the day of your pet's appointment.

1. List any major illnesses or recent surgeries <he> has had.

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2. List any allergies and/or food intolerances <he> may have.

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3. What is <his> daily diet? Has there been any significant changes to <his> eating/drinking habits?

Brand of food \_\_\_\_\_ Wet\_\_\_ Dry\_\_\_

Treats \_\_\_\_\_

Amount and types of table food \_\_\_\_\_

Any changes \_\_\_\_\_

4. List any medications that <animal> is taking, including supplements and heartworm preventative.

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5. Have you noticed any lameness, stiffness, or limping? Difficulty or slowness rising, climbing stairs, etc.

\_\_\_ Yes     \_\_\_ No     If yes, please explain.

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**SENIOR PET HEALTH QUESTIONNAIRE**

**Pet's First and Last Name:** \_\_\_\_\_

**6.** Have there been any significant changes in any of the following?

- |                |                                    |                                      |                                      |                                   |                                      |
|----------------|------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| Urination      | <input type="checkbox"/> Normal    | <input type="checkbox"/> Increased   | <input type="checkbox"/> Decreased   |                                   |                                      |
| Defecation     | <input type="checkbox"/> Normal    | <input type="checkbox"/> Increased   | <input type="checkbox"/> Decreased   | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipated |
| Vision         | <input type="checkbox"/> Normal    | <input type="checkbox"/> Decreased   |                                      |                                   |                                      |
| Eyes           | <input type="checkbox"/> Normal    | <input type="checkbox"/> Cloudy      |                                      |                                   |                                      |
| Hearing        | <input type="checkbox"/> Normal    | <input type="checkbox"/> Decreased   |                                      |                                   |                                      |
| Activity Level | <input type="checkbox"/> No Change | <input type="checkbox"/> More Active | <input type="checkbox"/> Less Active |                                   |                                      |

**7.** Has there been any changes in <animal>'s breathing pattern? Any coughing?  Yes  No  
If breathing changes, is it:  deeper  shallow  faster  slower  labored  
If coughing, when and how often does it occur? \_\_\_\_\_

**8.** Has there been any significant change in <animal>'s appearance recently? Weight, hair coat, lumps or bumps?  
 Yes  No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9.** Has <animal> been scratching or licking excessively?  Yes  No

**10.** Are there any unusual odors?  Yes  No  
If yes, location if known (mouth, skin, ears, etc.) \_\_\_\_\_

**11.** Does <animal> exhibit any of the following behaviors? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Tremors or shaking                     | <input type="checkbox"/> Wanders, paces, or circles                   |
| <input type="checkbox"/> House soiling accidents                | <input type="checkbox"/> Stares into space or at walls                |
| <input type="checkbox"/> Changes in litter box habits           | <input type="checkbox"/> Appears lost or confused                     |
| <input type="checkbox"/> Does not "ask" to go outside           | <input type="checkbox"/> Does not recognize familiar people or places |
| <input type="checkbox"/> Stands at wrong side of door to go out | <input type="checkbox"/> Sleeps more during the day or less at night  |
| <input type="checkbox"/> No longer greets family members        | <input type="checkbox"/> Excessive barking or meowing                 |
| <input type="checkbox"/> Does not seek attention or petting     |   |
| <input type="checkbox"/> Does not respond to verbal cues        |   |

**12.** List any other observations or areas of concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_