

HIGHLANDS VETERINARY HOSPITAL

GERIATRIC QUESTIONNAIRE



The effects of the natural aging process can slowly take a toll on companion animals. It can be difficult to notice these changes unless you look for specific clues. Since you know your pet better than anyone, you may be best to notice the subtle changes in your pet's behaviour, habits, and activities. This checklist will provide your veterinarian a roadmap to help diagnose conditions – many of which can be managed, providing a better quality of life for your pet, even in their advanced age.

Pet's Name: _____ Male | Female
Dog Cat Breed: _____ Weight (lbs): _____ Age: _____

SLEEP TRAINING

How many hours sleep does your pet average per day? _____

Do they have a peaceful sleep throughout the night? YES NO

If No: Do they get up during the night to (mark all those that apply):

Urinate Defecate Drink Water Pant Pace Whine Bark Other

HOUSE TRAINING (HAS THERE BEEN...?)

Increase in urination Urinary accidents Leaking urine where they lay Changes of faecal appearance
Faecal incontinence Awareness of faecal incontinence

If Any: Please explain: _____

EARS/EYES/NOSE/THROAT (HAVE YOU NOTICED...?)

A change in hearing Change in their bark or meow Meowing/roaning more Coughing more
A cough that sounds like throat clearing Bad breath Panting more frequently Vision problems

If Vision Problems (mark all those that apply): In bright light In dim light At night Up close

SKIN (HAVE YOU NOTICED...?)

Nails longer than normal Itching Shivering Masses Smell bad Licking or chewing body

For Cats: Does your pet still groom him or herself? YES NO

Is your pet's skin: Flaky Dry Oily Unkempt

Does your pet seek out areas that are: Hot Cold Soft Sunny Hard

MENTATION (DOES YOUR PET DO ANY OF THE FOLLOWING?)

Pace during the day Stare off into space Show increased aggression
Experience any seizures Exhibit less interaction with family Act disoriented or distant during the day
Show agitation certain times of the day Find themselves stuck in odd locations

How long is your pet left by him or herself during the day? _____

Does your pet have a favourite game? YES NO

If Yes: Please explain: _____

EATING/DRINKING (HAS THERE BEEN..?)

Increase in thirst Weight loss Weight gain

What is the diet your pet is currently on, including treats? _____

MOBILITY (CHECK ALL OF THE FOLLOWING THAT PERTAINS TO YOUR PET)

Needs assistance to get up Dragging feet/toes Change in gait/walk Has difficulty jumping
 Must navigate up/down stairs in or outside the home Need assistance climbing stairs

What floor type do you have at home: Tile Wood floor Laminate Rug Other

What is your pet's exercise schedule? _____

Has this changed in the past year? YES NO

MISCELLANEOUS QUESTIONS

Please discuss the following items in detail with your veterinarian

Are there other pets in the home – if so – what kind/how old? _____

Are there any major concerns you have? _____

Describe what a good day is like for your pet? _____

List your pet's top 5 favorite things: _____

List 3 things your pet hates: _____

What quality of life do you think your pet has right now (1-10 with 10 being the greatest)? _____

Has this changed in the past year? YES NO

HOW OLD IS YOUR PET IN PEOPLE YEARS?

YEARS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
SMALL BREED/CATS (1-20 LB)	7	13	20	26	33	40	44	48	52	56	60	64	68	72	76	80	84	88	92	96
MEDIUM BREED (20-50 LB)	7	14	21	27	34	42	47	51	56	60	68	69	74	78	83	87	92	96	101	105
LARGE BREED (50-90 LB)	8	16	24	31	38	45	50	55	61	66	72	77	82	88	93	99	104	109	115	120
X LARGE BREED (>90 LB)	9	18	26	34	41	49	56	64	71	78	86	93	101	108	115	123	131	139		

■ SENIOR ■ GERIATRIC

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