

**ADAMSTOWN VETERINARY HOSPITAL**  
**Senior Wellness Pet Questionnaire**

**Your Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Pet's Age:** \_\_\_\_\_

	YES	NO
Any changes in drinking habits?		
Any changes in amounts of urinations?		
Unable to hold urine all night or wet spots where he/she sleeps?		
Does your pet get you up at night to go out?		
Any changes in eating?		
Any vomiting or regurgitating food after eating? <ul style="list-style-type: none"> <li>• If so, how often? _____</li> </ul>		
Any diarrhea? <ul style="list-style-type: none"> <li>• If so, how often? _____</li> </ul>		
Constipation or straining to defecate?		
Weight gain or loss?		
Bad breath or drooling?		
Any coughing?		
Pants and /or breaths heavily while resting?		
Gets tired quickly when exercising?		
Any stiffness, trouble jumping or walking?		
Any limping? <ul style="list-style-type: none"> <li>• If so, how long? _____ Where? _____</li> </ul>		
Have you been using any vitamins, supplements, or pain medications for your pet? <ul style="list-style-type: none"> <li>• If yes, what kind? _____</li> </ul>		
Do you feel your pet is experiencing any type of pain?		
Any lumps or bumps? <ul style="list-style-type: none"> <li>• If so, are they growing or changing? Yes No</li> </ul>		
Any changes in vision?		
Any changes in hearing?		
Are you feeding a diet specifically labeled for senior pets?		
Hair coat thinner or slow to re-grow after clip or shed?		

**Any additional concerns?**

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