



GERIATRIC QUESTIONNAIRE

HOME VETERINARY CARE

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 behavior, habits, and activities. This checklist will provide your veterinarian a road map 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
Breed: _____ Dog | Cat
Weight (lbs): _____ Age: _____

SLEEP PATTERNS:

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

HOUSE TRAINING: Has there been...?

increase in urination | urinary accidents | leaking urine where they lay |

changes of fecal appearance | fecal incontinence

If Any: Please explain:

EARS/EYES/NOSE/THROAT: Have you noticed...

change in hearing | change in their bark or meow | meowing/ moaning more | coughing more
 a cough that sounds like throat clearing | bad breath | frequent panting | 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
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 | seizures |
 exhibit less interaction with family | act disoriented or distant | show agitation |
 find themselves stuck in odd locations

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

Does your pet have a favorite 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 | 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:

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)?

Additional notes or concerns for Dr. Fielstra:
