

Geriatric Medical History

NAME: _____ PET' S NAME: _____ DATE: _____

1. Have you noticed any changes in your pet's drinking or urination habits?
 - A. Increase drinking Yes No
 - B. Increased amount of urine Yes No
 - C. Increased frequency of urination Yes No
 - D. Discomfort/Urgency Yes No
 - E. Unusual appearance/Odor of urine Yes No

2. Have there been any changes in your pet's bowel movements?
 - A. Diarrhea Yes No
 - B. Increased frequency Yes No
 - C. Discomfort/Urgency Yes No
 - D. Blood Yes No
 - E. Mucous Yes No
 - F. Constipation/Straining Yes No

3. Have you noticed any vomiting? How frequently? When in relation to eating?

4. Have you noticed any coughing or shortness of breath? Under what circumstances does this occur? When did you first notice? Have you noticed any sneezing or nasal discharge?

5. Does your pet have difficulty seeing (ie: negotiating obstacles, catching a toy, etc)? Have you noticed any redness or discharge associated with the eyes?

6. Does your pet have difficulty hearing (responding to name, responding to noises in next room, etc)?

7. Have you noticed any changes in appetite (increased or decreased)? Over what period of time? 8. Have you noticed any lameness, difficulty rising after lying down, etc'? Is stiffness better or worse after exercise? Does your pet cry or otherwise vocalize as if in pain during certain activities or movements? Please describe.

8. Is your pet currently on any medications (including aspirin, nutritional supplements, etc)?

9. Describe your pet's diet — use brand names where appropriate, amounts, how many times the pet is fed daily, recent changes, etc.

10. Does your pet have any ongoing medical problems? Describe past and present treatments.

11. Do we have a record of your pet's vaccination/heartwvonn testing status? If not, please provide specific dates of most recent vaccinations/test.

12. Describe any problems your pet may be showing not covered in the questions above including (but not limited to) itchiness, skin rashes, lumps or swellings, difficulty or pain when chewing, foul breath, etc.