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Canine Senior Questionnaire

Pet's Name:

Age:

Date:

1. Is your dog currently on heartworm or flea/tick preventative?
 No Yes – Please list the brand that you are currently using. _____
 Year round April-November other _____
2. What brand of food and treats are you currently feeding?

3. List any medications and/or supplements that you are currently giving your dog

Symptom Checklist for Senior Dogs

Please **CHECK** ✓ all that apply to your dog

Behavior/Neurologic

- My dog is just not acting like himself.
- My dog is not seeking much attention and interacts less with the family.
- My dog seems confused or disoriented.
- My dog has been barking or howling excessively for no apparent reason.
- My dog's sleeping patterns have changed.
- My dog has had tremors or episodes of shaking.
- My dog has displayed circling, head tilts or repetitive movements.

Heart/Lungs

- My dog has been coughing.
- My dog seems to be panting more.
- My dog tires more rapidly or seems short of breath.

Activity/Orthopedics

- I have noticed a change in my dog's activity level.
- My dog lags behind on walks.
- My dog has difficulty climbing stairs and jumping or getting up from laying down.
- My dog limps, especially after exercise.
- My dog shows signs of pain.

Body Functions

- My dog has bad breath and/or red or swollen gums.
- My dog has difficulty chewing.
- My dog has gained or lost weight.
- My dog is drinking more water than usual.
- My dog's house-training habits have changed and he/she sometimes has accidents.
- My dog's bowel habits have changed (increased frequency, diarrhea, constipation, or straining).
- My dog vomits more than in the past.
- My dog seems to have trouble seeing.
- My dog seems to have trouble hearing.
- My dog is bumping into things.

Skin and Coat

- My dog scratches, licks, and/or chews excessively.
- My dog has changes in hair coat, skin or new lumps and bumps.
- My dog's skin has an odor.

Please tell us the specific questions you have about your dog: (Feel free to use the back of this page if needed).
