



Cedar Hills Vet Clinic

Senior Wellness Questionnaire

Name _____

Date _____

Please help us assess your pet's health by circling all that apply:

Decreased vision, blindness, eye discharge, change to the color/appearance of eye

Decreased hearing or deafness, increased discharge, wax or odor

Changes to breathing pattern – wheezing, panting, gasping, coughing, labored

Increased thirst, urination, straining to urinate, blood in urine, odor to urine

Increased appetite, weight gain, vomiting, regurgitation, diarrhea

Decreased appetite, weight loss, constipation

Inappropriate urination or defecation (housesoiling)

Tumors, growths, itching, flakes, wounds, lumps, bumps, poor grooming, matted fur

Pain, weakness, stiffness, difficulty walking or jumping or climbing stairs or getting into car

Seizures, shaking, trembling, staring off into space, seeming lost or confused

Increased barking/meowing, increased sleeping/lethargy

Decreased interaction with family, changes in sleeping patterns – restless

Please note the name and quantity of food/treats given per day:

Please note any medicine, supplements, flea treatment, heartworm prevention, vitamins given:

Please use the back of this page for any additional information or questions you may have.