

COMPREHENSIVE SENIOR WELLNESS QUESTIONNAIRE

Date: _____

My Name: _____

Pet's Name: _____

Please complete the following questions:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. My pet is drinking more water. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I think my pet has lost weight over the past year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I think my pet has gained weight over the past year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My pet's stamina, ability to exercise or go for walks has decreased over the past year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I've noticed that my pet is slower to get up or lie down & doesn't play as much as before. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I've noticed new lumps or bumps on my pet over the past year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My pet has developed an occasional cough, especially after exercise. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My pet's hearing seems to be getting weaker. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My pet's vision seems to be getting weaker. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I've noticed a few more accidents in the house over the past year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My pet seems a little slower or less active than a year ago. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My pet's breath stinks! | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your pet live outdoors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you providing home dental care for your pet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you giving your pet monthly flea prevention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you giving your pet monthly heartworm prevention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any person in your household had a change in their immune status that would make them more susceptible to contagious parasites? | <input type="checkbox"/> | <input type="checkbox"/> |

Follow your pet's age across the chart & its weight down the chart. The number where the two columns intersect is roughly your pet's age translated into human years.

	Wt.	0-20 lbs	21-50 lbs	51-90 lbs	>90 lbs
Age					
1		15	13	12	11
2		24	21	19	18
3		28	27	26	25
4		31	32	33	34
5		36	38	40	42
6		40	42	45	49
7		44	47	50	56
8		48	51	55	64
9		52	56	61	71
10		56	60	66	78
11		60	65	72	86
12		64	69	77	93
13		68	74	82	101
14		72	78	88	108
15		76	83	93	115
16		80	87	99	123
17		84	92	104	

18. What are you feeding your pet? _____

How much per day? _____



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