

## Nolan River Animal Hospital, PLLC

Owner: \_\_\_\_\_

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

### Senior Patient Questionnaire

Many problems associated with older pets can be greatly improved upon or even completely eliminated with early detection and appropriate treatment. NRAH is committed to enhancing quality of life for our senior patients. We want to work with you and your pet to catch problems early and effectively treat them. Subtle changes can often be the first sign of significant disease. Please mark any of the symptoms below that your pet is showing.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight gain</li> <li><input type="checkbox"/> Appetite increase</li> <li><input type="checkbox"/> Increased water intake</li> <li><input type="checkbox"/> Increased urination</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Constipation/straining to defecate</li> <li><input type="checkbox"/> Coughing</li> <li><input type="checkbox"/> Skin growths</li> <li><input type="checkbox"/> Hair loss</li> <li><input type="checkbox"/> Bad breath</li> <li><input type="checkbox"/> Limping</li> <li><input type="checkbox"/> Difficulty climbing/jumping</li> <li><input type="checkbox"/> Stiffness</li> <li><input type="checkbox"/> Inappropriate urination</li> <li><input type="checkbox"/> Decrease sight</li> <li><input type="checkbox"/> Increased fear/anxiety</li> <li><input type="checkbox"/> Decreased awareness/gets confused or lost</li> <li><input type="checkbox"/> Pacing</li> <li><input type="checkbox"/> Decreased tolerance of being left alone</li> <li><input type="checkbox"/> Decreased affection/interaction with others</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight loss</li> <li><input type="checkbox"/> Appetite decrease</li> <li><input type="checkbox"/> Decreased water intake</li> <li><input type="checkbox"/> Decreased urination</li> <li><input type="checkbox"/> Diarrhea</li> <li><input type="checkbox"/> Increased panting</li> <li><input type="checkbox"/> Breathing difficulty</li> <li><input type="checkbox"/> Itchy skin</li> <li><input type="checkbox"/> Decreased activity</li> <li><input type="checkbox"/> Difficulty chewing</li> <li><input type="checkbox"/> Trouble getting up/down</li> <li><input type="checkbox"/> Painful</li> <li><input type="checkbox"/> Weakness</li> <li><input type="checkbox"/> Inappropriate bowel movements</li> <li><input type="checkbox"/> Decreased hearing</li> <li><input type="checkbox"/> Increased aggression</li> <li><input type="checkbox"/> Forgets previously learned commands</li> <li><input type="checkbox"/> Excessive barking/whining</li> <li><input type="checkbox"/> Decreased recognition of people/animals</li> <li><input type="checkbox"/> Seizure like activity</li> </ul> |
|---|--|

Yes
No

Currently on heartworm prevention?  Yes  No Which brand? \_\_\_\_\_  
 Date of last heartworm test?(dogs only) \_\_\_\_\_, result \_\_\_\_\_  
 Date of last FELV/FIV test?(cats only) \_\_\_\_\_, result \_\_\_\_\_  
 Date of last vaccinations \_\_\_\_\_ Please list \_\_\_\_\_  
 Diet? \_\_\_\_\_

Please describe any of the above symptoms that you marked \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any other concerns you may have \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_