



Senior Dog Pre-Visit Screening

Senior and geriatric dogs are prone to more diseases and risks as they get older like chronic pain, dementia and cancer. Screening helps us identify issues and intervene and monitor areas that may impact their happiness as they age. You will be asked about other concerns in part 2 of this form. Please fill out the following information at least 24-48 hours prior to your pet's senior wellness exams.

Chronic Pain Screening

Older dogs are prone to having chronic pain that they can easily hide. Have you noticed any of the following?:

Dental Pain

- Smelly or foul odor from mouth
- Brown, gray or red coloring on teeth
- Loose or wiggly teeth
- Dropping food or hesitancy with eating

Joint Pain

- Stiffness or 'warms up' as the day goes on
- Slower to rise
- Limps on occasion
- Lags behind on walks

Functional Screening

The risk of cognitive and functional decline increases every year as a dog ages. Have you noticed any of the following?:

Mentation

- Disorientation
- Getting stuck in corners
- Changes in sleep pattern
- Changes in social pattern
- Anxiety
- Behavioral changes

Mobility

- Slips and falls more easily
- Difficulty navigating home
- Needs assistance at time
- Hesitancy with stairs or jumps

Incontinence/Senses

- Frequent messes in house
- Unable to hold bowels or bladder
- Visual deficits (ex: bumps into things sometimes, diff. navigating in dark, etc.)
- Hearing deficits

Quality of Life Screening:

Does your pet seem to enjoy their life?

- Yes
- Maybe
- No
- Not sure

Other:

Are you interested in cancer screening for your pet? Yes No

Do you experience caretaker exhaustion at times? Yes No

Are you interested in learning how to 'senior dog proof' your home? Yes No





History & Medications

1. Current diseases or history to be aware of: _____
2. Currently diet and treats (includes amounts on an average day): _____
3. Signs of Illness:
 - a. Vomiting/Diarrhea: Yes No
 - b. Changes in breathing rate or pattern: Yes No
 - c. Exercise intolerance: Yes No
 - d. Coughing/Sneezing: Yes No
 - e. Increased drinking/urination: Yes No
 - f. Weight loss or weight gain: Yes No
 - g. Change in appetite (increase, decreased, less interested): Yes No
 - h. Changes in mobility: Yes No
 - i. New masses or growing masses: Yes No
 - j. Other: _____
4. Anything specific that you want addressed today? _____
5. Is your pet on flea/tick and heartworm prevention? Yes No
a. If yes, which product and last dose: _____

Please note, if any signs of illness or additional concerns are noted: appointment type may be switched to a 'sick visit' with the wellness exam being rescheduled for a future date. This is hospital policy to help allot proper time and focus for doctor to address pet's issues.

Medications & Supplements	Strength	Amount	Times Given

