



Senior Pre-Ex

Patient
Age
Date

You can help us provide the best possible care for your senior pet by an pet's health. Please bring this list with you to your appointment.

		For how long?
<input type="checkbox"/>	Weight Loss	
<input type="checkbox"/>	Weight gain	
<input type="checkbox"/>	Vomiting	
<input type="checkbox"/>	Diarrhea	
<input type="checkbox"/>	Constipation or difficulty defecating	
<input type="checkbox"/>	Increased drinking	
<input type="checkbox"/>	Increased urination	
<input type="checkbox"/>	Coughing	
<input type="checkbox"/>	Weakness after exercise	
<input type="checkbox"/>	Increased panting	
<input type="checkbox"/>	Lumps/bumps or other Skin problems	
<input type="checkbox"/>	Bad breath	
<input type="checkbox"/>	Difficulty chewing	
<input type="checkbox"/>	Incontinence (dribbling urine)	
<input type="checkbox"/>	House soiling - bowel movements or marking	
<input type="checkbox"/>	Decreased awareness	
<input type="checkbox"/>	Gets confused/lost	
<input type="checkbox"/>	Decreased recognition of learned commands	
<input type="checkbox"/>	Decreased interaction/affection with family	
<input type="checkbox"/>	Increased irritability	
<input type="checkbox"/>	Increased aggression	
<input type="checkbox"/>	Increased fear	
<input type="checkbox"/>	Increased anxiety	
<input type="checkbox"/>	Decreased tolerance of handling	
<input type="checkbox"/>	Decreased hearing or "selective" hearing	

For how long?

<input type="checkbox"/>	Pacing	
<input type="checkbox"/>	Over grooming	
<input type="checkbox"/>	Licking non-food items	
<input type="checkbox"/>	Decreased grooming or self-care	
<input type="checkbox"/>	Muscle tremors / shaking	
<input type="checkbox"/>	Weakness	
<input type="checkbox"/>	Incoordination	
<input type="checkbox"/>	Difficulty climbing stairs	
<input type="checkbox"/>	Stiffness	
<input type="checkbox"/>	Decreased activity	
<input type="checkbox"/>	Sleeps more	
<input type="checkbox"/>	Excessive vocalization <input type="checkbox"/> Day <input type="checkbox"/> Night	
<input type="checkbox"/>	Waking family at night	

Does your pet have any other problems?

Medications currently taking (including those purchased over the counter)

Any nutritional supplements (including those purchased over the counter or her

Diet

Examination History Checklist

Answering the following questions about your

Additional comments / details

bs)?
