

Fisher Glen Animal Hospital
Geriatric Health Check

Patient: _____ Date: _____

Please fill out the following questionnaire to help your vet determine if there are any physical or behavioural changes in your pet that need attention. Please check any changes that apply:

- Difficulty hearing/responding
- Slower when called
- Difficulty seeing?
- Difficulty urinating or defecating?
- Wants to urinate more often
- Pants after walking
- Sleeps more
- Seems less willing to exercise
- Acting irritable
- Wants to play less
- Suffers from bad breath
- Appears to be losing hair
- Change in hair coat
- Any behavioural changes
- Other: _____
- No longer greeting family members
- Having house soiling accidents
- Coughing
- Shortness of breath
- Difficulty when getting up
- Trouble getting up or down stairs
- Loss of appetite
- Increase in thirst
- Vomiting/ diarrhea
- Signs of weakness
- Wanders or paces aimlessly
- Losing or gaining weight

*Please write down any comments you would like to discuss with the veterinarian.