Senior Dog Questionnaire and Risk Assessment Survey

Today’s date: _____________________________

Your name (First and Last): ______________________________________________________________

Dog’s name __________________ Dog’s age/date of birth: ____________________________

Please see the Adult dog questionnaire if your dog is not a senior:

<table>
<thead>
<tr>
<th>Weight of dog</th>
<th>Senior at age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20 lbs</td>
<td>10</td>
</tr>
<tr>
<td>21-50 lbs</td>
<td>9</td>
</tr>
<tr>
<td>51-90 lbs</td>
<td>8</td>
</tr>
<tr>
<td>Greater than 90 lb</td>
<td>7</td>
</tr>
</tbody>
</table>

For new patients only:

Where did your dog come from and how long have you had him/her? ____________________________

Has your dog been spayed or neutered? _____ When? ___________ Where? ______________________

Please list any known medical history including vaccinations and dewormings: _________________

_____________________________________________________________________________________

Do you have medical insurance for your pet? If so, what type? Does it cover wellness or just accident/illness?___________________________

_____________________________________________________________________________________

Please list the other pets in the household (dogs and cats), their names and ages: _________________

_____________________________________________________________________________________

What does your dog eat? (Please be specific, listing type, brand, amount and frequency of feeding including snacks): ____________________________________________________________________________

_____________________________________________________________________________________

Please list ALL medications and supplements (including dose and frequency) and when it was last given:

_____________________________________________________________________________________

(OVER)
Please list any heartworm, flea or tick preventatives and when last given or applied: ______________________________

Are you brushing your pet’s teeth? If so, how often? ______________________________

Are you aware of any past vaccine reactions or allergies? Describe: ______________________________

Has the dog had any coughing, sneezing, vomiting or diarrhea? (circle if appropriate) Describe: ______________________________

Does your dog have any behavior or housetraining problems? ______________________________

Where does your dog sleep? ______________________________ Are you crate training? ______________________________

Are there any small children or immunocompromised individuals in the household? ______________________________

How much time is the dog spending outside? ______________________________ Is it ever unsupervised? ______________________________

Will your dog have exposure to ponds, lakes or streams? ______________________________

Have you traveled outside of the state in the past 6 months – 1 year with your dog? When & Where? ______________________________


Do you have any travel plans with your dog? If so, when and where? ______________________________

Will your dog go to a groomer, dog park or dog shows? ______________________________

Do you have any boarding plans for your dog? ______________________________

Have you seen any fleas or ticks on your dog? ______________________________

For senior patients:

Have you noticed any weight gain or loss? ______ How long? ______________________________

Has there been a change in appetite? ______________________________

Have you noticed a change in activity level? ______________________________

Has there been a change in water consumption or urinations? ______________________________

Does your dog have bad breath or trouble chewing? ______________________________

Have you noticed any trouble seeing or hearing? ______________________________

Is your dog having any accidents in the house? ______________________________

Is your dog having any trouble walking, climbing stairs, getting up or down? ______________________________

Is your dog scratching, licking or chewing itself? ______________________________

Have you noticed any new lumps or bumps? ______________________________

What does your dog do for fun? ______________________________

Do you have any specific concerns today? ______________________________