



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:

Weight of dog	Senior at age
Less than 20 lbs	10
21-50 lbs	9
51-90 lbs	8
Greater than 90 lb	7

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? _____

How does your pet travel in the car? (circle) Crate/carrier? Seat belt? Barrier? No restraint?

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? _____