**Menlyn Animal Clinic**



**Nurse Clinic**

**Senior Pet Checklist**

Owners name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female

Spayed/Neutered

When was the last time your pet had a vaccination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time your pet was dewormed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time your pet was treated for ticks and fleas:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle yes or no if they apply to your pet:**

1. **Behaviour**

|  |  |  |
| --- | --- | --- |
| Interacting less with the family and not seeking as much attention | Yes | No |
| Disorientated and confused | Yes | No |
| Has been vocalising more than usual for no apparent reason | Yes | No |
| Sleeps less | Yes | No |
| Sleeps more | Yes | No |

1. **Body Function**

|  |  |  |
| --- | --- | --- |
| Eats less | Yes | No |
| Eats more | Yes | No |
| Weight loss? | Yes | No |
| Weight gain? | Yes | No |
| Is drinking more water than usual | Yes | No |
| Is drinking less water than usual | Yes | No |
| Urinates more frequently | Yes | No |
| Started urinating/defecating in the house | Yes | No |
| Defecates more often | Yes | No |
| Has diarrhoea | Yes | No |
| Is constipated | Yes | No |
| Is straining | Yes | No |
| Vomits more often than occasionally | Yes | No |
| Seems to have trouble seeing and hearing | Yes | No |

1. **Heart and Lung**

|  |  |  |
| --- | --- | --- |
| Has developed a cough | Yes | No |
| Shortness of breath after small amount of exercise | Yes | No |
| Seems to pant while resting | Yes | No |

1. **Exercise and Activity**

|  |  |  |
| --- | --- | --- |
| Lags behind when out on walks | Yes | No |
| Has difficulty climbing stairs | Yes | No |
| Has difficulty jumping | Yes | No |
| Has difficulty getting up | Yes | No |
| Limps, especially after exercise | Yes | No |

1. **Teeth**

|  |  |  |
| --- | --- | --- |
| Breath smells | Yes | No |
| Salivates all the time | Yes | No |
| Only chews on the one side | Yes | No |
| Refuses to eat dry food | Yes | No |

Any other concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For office use) Attending nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_