Seneca ANIMAL HOSPITAL

Senior Dog Symptom Checklist

Please check all that apply to your dog

Pet Name:

Owner Name:

Date:



Body Functions:	Body	Functions:
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- $\hfill\square$ My dog has bad breath and red or swollen gums.
- □ My dog has difficulty chewing.
- □ My dog's eating habits have changed.
- \Box My dog has gained/lost weight. (circle one)
- □ My dog is drinking more water than usual.
- \Box My dog is urinating more frequently than usual.
- $\hfill\square$ My dog's house-training habits have changed and he/she sometimes has accidents.

□ My dog's bowel habits have changed (increased frequency, diarrhea, constipation, straining). (circle all that apply)

- □ My dog vomits more than occasionally.
- \Box My dog seems to have trouble seeing or hearing.

Heart / Lungs:

□ My dog has been coughing or seems winded after walking or playing.

- \Box My dog seems to be panting more.
- $\hfill\square$ My dog tires more rapidly or seems short of breath.

Activity / Orthopedics:

- \Box I have noticed a change in my dog's behavior or activity level.
- \Box My dog lags behind on walks.
- $\hfill\square$ My dog has difficulty climbing stairs and jumping.
- □ My dog limps, especially after exercise.
- $\hfill\square$ My dog seems stiff and has difficulty rising from a resting position.
- □ My dog shows signs of pain.

Skin / Coat:

- □ My dog scratches, licks, and chews excessively.
- □ My dog has changed in haircoat, skin or new lumps or bumps.
- □ My dog's skin has an odor.

Behavior/Neurologic:

- □ My dog is just no acting like himself/herself.
- \Box My dog is not seeking as much attention and interacts less with the family.
- \Box My dog seems confused or disoriented.
- \Box My dog has been barking or howling excessively for no apparent reason.
- \Box My dog's sleeping patterns have changed.
- \Box My dog has had tremors or episodes of shaking.
- $\hfill\square$ My dog has displayed circling, head tilts, or repetitive movements.

What foods AND treats are you currently feeding your dog? (including table scraps and people food) ______

How often?

Do you have any specific questions or concerns about your dog? _____

	Dog's Age in Human Years				
AGE	0-20 lbs	20-50 lbs	50-90 lbs	>90 lbs	
1	7	7	8	9	
2	13	14	16	18	
3	20	21	24	26	
4	26	27	31	34	
5	33	34	38	41	
6	40	42	45	49	
7	44	47	50	56	
8	48	51	55	64	
9	52	56	61	71	
10	56	60	66	78	
11	60	65	72	86	
12	64	69	77	93	
13	68	74	82	101	
14	72	78	88	108	
> 14					

Color Key:	
Adult	
Senior	
Geriatric	