

GERIATRIC PET QUESTIONNAIRE

Cherokee Animal Hospital
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SLEEP PATTERNS

How many hours of sleep does your pet average per day?

Do they seek warmer, cooler or softer places to lie?

Do they have a peaceful sleep throughout the night? YES / NO

If No: Do they get up during the night to (mark all those that apply):

- Urinate
- Defecate
- Drink Water
- Pant
- Pace
- Whine
- Bark

HOUSE TRAINING

Has there been...?

- increase in urination
- urinary accidents
- leaking urine where they lay
- changes office appearance
- fecal incontinence
- awareness of fecal incontinence

If Any: Please explain:

EARS/EYES/NOSE/THROAT

Have you noticed...

- a change in hearing
- change in their bark or meow
- meowing/moaning more
- coughing more
- a cough that sounds like throat clearing
- bad breath
- panting more frequently

If Vision Problems (mark all those that apply):

in bright light

in dim light

at night

up close

SKIN

Have you noticed...

nails longer than normal

itching

shivering

masses

a bad smell

licking or chewing body

For Cats: Does your pet still groom him or herself? YES / NO

Is your pet's skin: flaky / dry / oily / unkempt

MENTATION

Does your pet do any of the following?

- pace during the day
- stare off into space
- show increased aggression
- experience any seizures
- exhibit less interaction with family
- act disoriented or distant during the day
- show agitation certain times of the day
- find themselves stuck in odd locations

How long is your pet left by him or herself during the day?

Does your pet have a favorite game? YES / NO

If yes: Please explain:

EATING AND DRINKING

Has there been...?

- increase in thirst
- weight loss
- weight gain

What is the diet your pet is currently on, including treats?

MOBILITY

Check all of the following that pertains to your pet?

- needs assistance to get up
- dragging feet/toes
- change in gait/walk
- has difficulty jumping
- must navigate up/down stairs in or outside the home
- need assistance climbing stairs

What floor type do you have at home:

- tile
- wood floor
- laminate
- rug
- other

What is your pet's exercise schedule?

Has this changed in the past year? YES / NO

MISCELLANEOUS QUESTIONS

Please discuss the following items in detail with your veterinarian

Are there other pets in the home?

If so, what kind/how old?

What are your major concerns?

List your pet's top 3 favorite things:

List 3 things your pet hates:

What quality of life do you think your pet has right now (1-10 with 10 being the greatest)?