



**Pacific Animal Hospital**  
HEALTH • CARE • WELLNESS

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M-F 7:30 am-7 pm Sat 8 am-5 pm Sun 9 am-4 pm

## Senior Health Questionnaire

Your answers to the following questions will help the doctor determine the best plan for your pet's health and well-being. When finished, you may submit your completed form online.

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

1. How long have you owned your pet? \_\_\_\_\_
2. What do you feed your pet (food and treats)? \_\_\_\_\_
3. Does your pet travel outside of Southern California? If yes, where? \_\_\_\_\_
4. Does your pet live indoors only, indoors/outdoors and does your pet have interaction with other pets other than your own? \_\_\_\_\_
5. Please list all medications you are giving your pet including heartworm, flea/tick, and supplements.  
\_\_\_\_\_
6. Is your pet current on vaccines? \_\_\_\_\_
7. Has your pet had a stool sample checked or been dewormed in the last 6 months? \_\_\_\_\_
8. Any allergies or previous adverse reactions to medications? \_\_\_\_\_
9. Please list any changes in your pet's activity level such as slow on walks, difficulty rising, difficulty jumping up or climbing stairs, stiff gait or limping. \_\_\_\_\_
10. Please list any changes in your pet's behavior such as confusion/disorientation, barking or meowing excessively, change in sleeping habits, tremors or shaking, interacting less with family, anxiety.  
\_\_\_\_\_
11. Please list any changes in body functions such as drinking more water, urinating more, increased or decreased appetite, change in bowel habits (diarrhea, constipation, straining), vomiting or changes in vision or hearing.  
\_\_\_\_\_
12. Does your pet cough, sneeze, seem winded or short of breath after exercise, pant excessively or tire rapidly?  
\_\_\_\_\_
13. Does your pet have bad breath and red or swollen gums? \_\_\_\_\_
14. Please list any changes in your pet's coat or skin such as decreased grooming, hair loss, red skin, scratching/itching/chewing, and lumps or bumps. \_\_\_\_\_
15. Please list any specific questions, concerns, or goals regarding your pet's health or well-being that you would like to address with the doctor. \_\_\_\_\_