

GERIATRIC QUESTIONNAIRE



Altitude

ANIMAL HOSPITAL

Like in humans, aging takes a toll on the body. With household pets, it may be difficult to observe these changes in their everyday lives and address it appropriately. By completing the checklist below, it can help us understand the steps needed to take in order to help manage and improve their quality of life.

Pet's Name: _____ Male | Female
Dog | Cat Breed: _____ Weight (lbs): _____ Age: _____

SLEEP PATTERNS:

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

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 | Other

HOUSE TRAINING: Has there been...?

increase in urination | urinary accidents | leaking urine where they lay | changes of fecal 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/roaning more | coughing more

a cough that sounds like throat clearing | bad breath | panting more frequently | vision problems

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 | smell bad | 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

Does your pet seek out areas that are: hot | cold | soft | sunny | hard

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/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/downstairs in or outside the home | needs assistance climbing stairs

What floor type do you have at home: tile | wood floor | laminate | rug | other

For Cats: Is your cat still jumping on furniture or counters as usual?

What is your pet's exercise schedule? _____

- Does your pet hesitate when going up and down stairs?

- Does your pet hesitate to jump on/off furniture?

Has anything changed in the past year? Yes | No

MISCELLANEOUS QUESTIONS: *Please discuss the following items in details with your veterinarian*

Are there other pets in the home – if so – what kind/how old? _____

Are there any major concerns you have? _____

Describe what a good day is like for your pet? _____

List your pet's top 5 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)? _____

HOW OLD IS YOUR PET IN PEOPLE YEARS?

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Small Breed/Cat (1-20 lbs.)	7	13	20	26	33	40	44	48	52	56	60	64	68	72	76	80	84	88	92	96
Medium Breed (20-50 lbs.)	7	14	21	27	34	42	47	51	56	60	68	69	74	78	83	87	92	96	101	105
Large Breed (50-90 lbs.)	8	16	24	31	38	45	50	55	61	66	72	77	82	88	93	99	104	109	115	120
X Large Breed (>90 lbs.)	9	18	26	34	41	49	56	64	71	78	86	93	101	108	115	123	131	139		

■ Adult
 ■ Senior
 ■ Geriatric

