



Lifetime Small Animal Hospital

“Helping Your Pet Be Its Best – for a Lifetime”

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Web site: www.LTSAHosp.com E mail: dvm@LTSAHosp.com

Patient: <animal> Patient #: <animal-folder>

Age: <age-name> Sex: <sex-name>

Breed: <breed>

SENIOR MANAGEMENT PROGRAM

Please take the time to answer the following questions. Your answers will help us determine if your pet needs to be on a geriatric management program. Questions 12 – 14* are aimed mainly at senior dogs.

	Please answer Yes or No to the following questions:	YES	NO
1	Does your pet's coat seem dull, dry, or flaky?		
2	Do your pet's eyes appear to have a bluish haze to them?		
3	Do you think that your pet has difficulty hearing?		
4	Does your pet have trouble recognizing familiar people?		
5	Does your pet's breath have a foul odor?		
6	Has your pet's activity level decreased over the last few weeks/months/years. (Circle one)		
7	Is your pet reluctant to climb steps or jump up?		
8	Is your pet slow to rise, or have difficulty rising from a resting position?		
9	Have you noticed exercise intolerance?		
10	Any coughing or inappropriate panting?		
11	Has your pet's appetite changed, either increased or decreased? (Circle one)		
12	Does your pet defecate inappropriately indoors? (Indicate # of incidents per week.)		
13	Does your pet urinate inappropriately* indoors? (Indicate # of incidents per week.)		
14	Does your pet urinate or defecate inappropriately indoors soon after being outside?		
15	Is your pet drinking more water than usual?		
16	Does your pet show less enthusiasm upon greeting?		
17	Does your pet wander aimlessly, or appear lost or confused in the house or yard?		
18	Do you think that your pet's general attitude has declined?		
19	Have you noticed a personality change?		

*A housesoiling questionnaire is available for cats who have inappropriate elimination problems.

Comments: _____
