

Edmonds Veterinary Hospital

Senior Health Assessment

Pets Name _____ Age _____ Today's Date _____

Please check the option that best applies; circle small print if applicable

Eyes/Vision

- No changes
- Cloudy
- Appear 'Blue'
- Discharge
- Running into things
- Other _____

Ears/Hearing

- No changes
- Odor
- Drooping
- Doesn't respond to name/noise/doorbell
- Scratching ears or head shaking
- Other _____

Oral Hygiene

- No odor
- Odor mild/strong
- I can see plaque/tartar
- Can't chew well; food falls out of mouth
- Paws mouth or licks lips
- Other _____

Limbs

- Gets around well
- Has difficulty rising
- Limps occasionally
- Limps frequently
- Difficulty with or no longer jumps
- Loss of muscle mass/tone
- Other _____

Heart/Respiratory Health

- Seems to breath fine and is active
- Coughing
- Loss of Stamina, tires easily
- Open mouth breathing
- Wheezing sound when breathing
- Other _____

Appetite

- Good
- Eats a little less
- Poor
- I have difficulty finding a food he'll eat
- Other _____

Urinary Health

- No problems noted
- Loss of houstraining
- Missing the litter box (urine)
- Increased urination
- Decreased urination
- Wet spots where sleeping
- Other _____

Internal Systems

- I haven't noticed anything different
- Increased drinking
- Vomiting occasional/often
- Stool Changes hard and dry/diarrhea
- Weight loss or gain slow/rapid
- Other _____

Skin/Haircoat

- Good, soft, glossy coat
- Losing Hair
- Dull coat
- Skin dry/flakey/oily
- Skin has odor
- Scratches frequently
- Other _____

Behavior

- Vocalization increased/decreased
- Tolerance nipping/biting
- Missing the litter box urine/stool
- Loss of grooming (cats)
- Stares off into space
- Other _____