Maturity in Motion

Questionnaire

PET'S NAME: _____ OWNER'S NAME: _____

AGE: _____ WEIGHT: _____ PHONE #: _____

THIN ❑ NORMAL ❑ OVERWEIGHT ❑ DATE: _____

The following questionnaire is designed to help you and your veterinarian provide the best care for your older pet.

INDICATE IF YOUR PET HAS EXPERIENCED CHANGES IN:		**Yes**	**No**
Drinking		❑	❑
Urination		❑	❑
Appetite		❑	❑
Weight		❑	❑
Hair Coat	Itchy, dandruff, dull, hair loss, matting	❑	❑
Body Odours	Bad breath, odour from ears or skin	❑	❑
Mobility	Lameness, trouble with stairs, stiff, pain, spending more time lying down	❑	❑
Breathing	Coughing, shortness of breath, wheezing, exercise intolerance, mouth breathing	❑	❑
Digestion	Vomiting, diarrhea, constipation, hairballs	❑	❑
Senses	Hearing, smelling or vision loss	❑	❑
Behaviour	Reduced family interaction, increased vocalization, loss of litter training	❑	❑
Growths	New growths, changes in previous growths	❑	❑

Diagnostic Record

PET'S NAME: _____ CLIENT'S NAME: _____

Date of Visit	Age	Weight	Diagnostics	Abnormal Findings	Recommended Diet