

Geriatric Questionnaire

The effects of the natural aging process can slowly take a toll on companion animals. It can be difficult to notice these changes unless you look for specific clues. Since you know your pet better than anyone, you may notice the subtle changes in your pet's behavior, habits, and activities first. This checklist will provide your veterinarian a roadmap to help diagnose conditions, many of which can be managed, providing a better quality of life for your pet, even in their advanced age.

Pet's Name:	Dog Cat	☐ Male ☐ Female
Breed:	Weight (lbs):	Age:
SLEEP PATTERNS:		
How many hours sleep does your pet average per da	y?	
Do they have a peaceful sleep throughout the night?	☐YES ☐ NO	
If no, do they get up during the night to: (mark a	ll those that apply)	
☐ Urinate ☐ Defecate ☐ Drink Water	Pant Pace Wh	nine 🗖 Bark 🗖 Other
HOUSE TRAINING: Has there been		
☐ increase in urination ☐ urinary accidents ☐ lea	iking urine where they lay $\mid \Box$ changes	of fecal appearance
☐ fecal incontinence ☐ awareness of fecal incontin	nence	
If any: (please explain)		
EARS/EYES/NOSE/THROAT: Have you noticed □ a change in hearing □ change in their bar □ a cough that sounds like throat clearing □ If vision problems: (mark all those that apply)	bad breath \square panting more free	quently □ vision problems
SKIN: Have you noticed		
□ nails longer than normal □ itching □ shive For Cats: Does your pet still groom him or hersely	- '	\mid \square licking or chewing body
Is your pet's skin: ☐ flaky │ ☐ dry │ ☐ oily │ ☐ u	nkempt	
Does your pet seek out areas that are: ☐ hot │ ☐ c	old □ soft □ hard □ sunny	
MENTATION: Does your pet		
$figspace$ pace during the day $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
\square exhibit less interaction with family $\ \ \square$ act disories	ented or distant during the day	
\square show agitation certain times of the day $\ \ \square$ find	themselves stuck in odd locations	
How long is your pet left by him/herself during the da	ay?	
Does your pet have a favorite game? ☐ YES │ ☐ N	0	
If any: (please explain)		
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EATING/DRINKING: Has there been □ increase in thirst □ weight loss □ weight gain What is your pet's current diet, including treats?
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MOBILITY: Check all of the following that pertains to your pet
\square needs assistance to get up \mid \square dragging feet/toes \mid \square change in gait/walk \mid \square has difficulty jumping
$lacktriangle$ must navigate up/down stairs in or outside the home \mid $lacktriangle$ need assistance climbing stairs
What floor type do you have at home: \square tile $ \square$ wood floor $ \square$ laminate $ \square$ rug $ \square$ other
What is your pet's exercise schedule?
Has this changed in the past year? $\ \square$ YES $\ \ \square$ NO
MISCELLANEOUS QUESTIONS: Please discuss the following items in detail with your veterinarian.

- Are there other pets in the home? If so, what kind/how old?
- Do you have any major concerns?
- Describe a good day for your pet.
- List your pet's top 5 favorite things.
- List 3 things your pet hates.

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 / Cats (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		
■ Puppy/Kitten ■ Adult ■ Senior ■ Geriatric																				

Chart courtesy of Fred L. Metzger, DVM, DABVP. The above ages are intended as general guidelines only.