**Senior Pet Questionnaire**

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| **Select the number on the scale that best describes changes in your pet’s current health status compared to 6 months ago or the last time you filled out this questionnaire.** |

**1 – Strongly agree 2- Agree 3 – Neutral, no change has been observed 4- Disagree 5 – Strongly disagree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| My pet is less active |  |  |  |  |  |
| My pet is losing weight |  |  |  |  |  |
| My pet is sleeping more |  |  |  |  |  |
| My pet is having more restless nights |  |  |  |  |  |
| My pet is drinking more |  |  |  |  |  |
| My pet is urinating more |  |  |  |  |  |
| My pet is having more urinary accidents |  |  |  |  |  |
| I’ve noticed my pet isn’t moving away from where it is toileting  |  |  |  |  |  |
| My pet has a reduced hearing ability  |  |  |  |  |  |
| I’ve noticed that my pet is moving stiffly |  |  |  |  |  |
| Has your pet’s coat condition worsened lately? |  |  |  |  |  |

Past medical history:

What is your major concern for today?

Describe a good day for your pet.

List your pet top five things to do.

What quality of life do you think your pet has right now? (Between 1 and 10 - with 1 being poor quality of life and 10 being high quality of life):