

Senior Pet Questionnaire

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):