

1380B Pittsford-Mendon Road • PO Box 636 • Mendon, New York 14506 • 585 624 2240

Pet's Name:	Age:	Date:
Is your dog currently on heartworm or flea/tick preventative? No Yes – Please list the brand that you are currently using. Year round April-November other		
2. What brand of food and treats are you of	currently feeding?	
3. List any medications and/or supplement	its that you are currer	ntly giving your dog
	Checklist for Senior all that apply to you	
Behavior/Neurologic My dog is just not acting like him/hersel My dog is not seeking much attention an interacts less with the family My dog seems confused or disoriented My dog has been barking or howling excessively for no apparent reason My dog's sleeping patterns have changed My dog has had tremors or episodes of shaking My dog has displayed circling, head tilts repetitive movements Heart/Lungs My dog has been coughing My dog seems to be panting more My dog tires more rapidly or seems shor of breath	f My d swo My My My My My d than My and f or My (inc or st My My My My My My My My My M	Functions dog has bad breath and/or red or llen gums dog has difficulty chewing dog has gained/lost weight dog is drinking more water than usual dog is urinating more frequently usual dog's house-training habits have changed he/she sometimes has accidents dog's bowel habits have changed reased frequency, diarrhea, constipation training) dog vomits more than in the past dog seems to have trouble seeing dog seems to have trouble hearing dog is bumping into things
Activity/Orthopedics I have noticed a change in my dog's activity level My dog lags behind on walks My dog has difficulty climbing stairs and jumping or getting up from laying down My dog limps, especially after exercise My dog shows signs of pain	My My new My	& Coat dog scratches, licks, &/or chews excessively dog has changes in hair coat, skin or lumps and bumps dog's skin has an odor

Please tell us the specific questions that you have about your dog. (You can use the back side of this page if needed)