## **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 be best to notice the subtle changes in your pet's behavior, habits, and activities. 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:	Male□   Female□									
Dog□   Cat□ Breed:	Weight (lbs):	Age:								
SLEEP PATTERNS:  How many hours sleep does your pet average per da  Do they have a peaceful sleep throughout the night?  If No: Do they get up during the night to (mark a  Urinate   Defecate   Drink Water   0	YES 🔲   NO 🖵 Ill those that apply):	ː   □ Other								
HOUSE TRAINING: Has there been?  □ increase in urination   □ urinary accidents   □ le □ fecal incontinence   □ awareness of fecal incontinence   □ fecal incontinence   □ awareness of fecal incontinence   □	inence									
EARS/EYES/NOSE/THROAT: Have you noticed  □ a change in hearing   □ change in their bark or m □ a cough that sounds like throat clearing   □ bad  If Vision Problems (mark all those that apply): □	breath $\mid \Box$ panting more frequently	☐ vision problems								
SKIN: Have you noticed  □ nails longer than normal   □ itching   □ shivering  For Cats: Does your pet still groom him or herself? □  Is your pet's skin: □ flaky   □ dry   □ oily   □ unker  Does your pet seek out areas that are: □ hot   □ co	YES   □ NO mpt	ng or chewing body								
MENTATION: Does your pet do any of the following?  □ pace during the day   □ stare off into space   □ s  □ exhibit less interaction with family   □ act disorie times of the day   □ find themselves stuck in odd lo How long is your pet left by him or herself during the Does your pet have a favorite game? □ YES   □ NO  If Yes: Please explain:	show increased aggression   $\square$ experinted or distant during the day   $\square$ shopcations e day?	w agitation certain								

EATING/DRINKING: Has there been?
☐ increase in thirst   ☐ weight loss   ☐ weight gain
What is the diet your pet is currently on, including treats?
MOBILITY: Check all of the following that pertains to your pet?
$\square$ needs assistance to get up   $\square$ dragging feet/toes   $\square$ change in gait/walk   $\square$ has difficulty jumping
lacktriangle must navigate up/down stairs in or outside the home   $lacktriangle$ 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? YES □   NO □
MISCELLANEOUS QUESTIONS: Please discuss the following items in detail with your veterinarian
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## **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 lb)	7	13	20	26	33	40	44	48	52	56	60	64	68	72	76	80	84	88	92	96
Medium Breed (20-50 lb)	7	14	21	27	34	42	47	51	56	60	68	69	74	78	83	87	92	96	101	105
Large Breed (50-90 lb)	8	16	24	31	38	45	50	55	61	66	72	77	82	88	93	99	104	109	115	120
X Large Breed (>90 lb)	9	18	26	34	41	49	56	64	71	78	86	93	101	108	115	123	131	139		

**■** Senior

■ Geriatric

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



■ Adult