

Senior Wellness Questionnaire

Centerville Animal Hospital
757-482-9410

417 S. Centerville Turnpike
Chesapeake, VA 23322

This valuable questionnaire will help us to assess your pet's health-and get you started thinking about senior care. Please bring this completed form to your pet's Senior Wellness appointment. Call us today if you need to schedule a Senior Wellness appointment for your pet.

My pet is ____ years old or ____ in human years. My pet is a:
Senior Senior Prime Super Senior

I feed my pet _____ brand of pet food. My pet eats _____ times a day.

The following statement best describes my pet's body condition:
Too Thin Normal Weight Heavy

In the past year my pet has gained/ lost weight.

The following statement best describes my pet's breath:
Pleasant Not Too Bad Unpleasant Toxic

The following statement best describes my pet's water consumption:

Drinks Less Than a Normal Amount Drinks a Normal Amount
Occasionally Drinks A Lot Always Drinks A Lot Has Changed Recently

The following statement best describes my pet's current activity level:
Sedentary Leisurely Sometimes Active Regularly Active Very Active

The current activity level of my pet is an increase / the same as / a decrease from last year.

The following conditions apply to my pet:

Vomiting	Diarrhea	Constipation	Incontinence
Difficulty Jumping	Limping	Difficulty with Stairs	Seizures
Vision Problems	Hearing Problems	Behavioral Changes	Coughing
Frequent Urination	Skin Growths	Hair Loss	Itchy Skin

Age In Years	Weight in Pounds			
	0-20	21-50	51-90	>90
7	44	47	50	56
8	48	51	55	64
9	52	56	61	71
10	56	60	66	78
11	60	65	72	86
12	64	69	77	93
13	68	74	82	101
14	72	78	88	108
15	76	83	93	115
16	80	87	99	123
17	84	92	104	-
18	88	96	109	-
19	92	101	115	-
20	96	105	120	-

Senior	Senior Prime	Super Senior
--------	--------------	--------------