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 day? _________  
Do they have a peaceful sleep throughout the night? YES ☐ | NO ☐  
If No: Do they get up during the night to (mark all those that apply):  
☐ Urinate | ☐ Defecate | ☐ Drink Water | ☐ Pant | ☐ Pace | ☐ Whine | ☐ Bark | ☐ Other

HOUSE TRAINING: Has there been...?  
☐ increase in urination | ☐ urinary accidents | ☐ leaking urine where they lay | ☐ changes of fecal appearance  
☐ fecal incontinence | ☐ awareness of fecal incontinence  
If Any: Please explain: __________________________________________________________

EARS/EYES/NOSE/THROAT: Have you noticed...  
☐ a change in hearing | ☐ change in their bark or meow | ☐ meowing/moaning more | ☐ coughing more  
☐ a cough that sounds like throat clearing | ☐ bad breath | ☐ panting more frequently | ☐ vision problems  
If Vision Problems (mark all those that apply): ☐ in bright light | ☐ in dim light | ☐ at night | ☐ up close

SKIN: Have you noticed...  
☐ nails longer than normal | ☐ itching | ☐ shivering | ☐ masses | ☐ smell bad | ☐ licking or chewing body  
For Cats: Does your pet still groom him or herself? ☐ YES | ☐ NO  
Is your pet’s skin: ☐ flaky | ☐ dry | ☐ oily | ☐ unkempt  
Does your pet seek out areas that are: ☐ hot | ☐ cold | ☐ soft | ☐ sunny | ☐ hard

MENTATION: Does your pet do any of the following?  
☐ pace during the day | ☐ stare off into space | ☐ show increased aggression | ☐ experience any seizures  
☐ exhibit less interaction with family | ☐ act disoriented or distant during the day | ☐ show agitation certain times of the day | ☐ find themselves stuck in odd locations  
How long is your pet left by him or herself during the day? ____________________________________________

Does your pet have a favorite game? ☐ YES | ☐ NO  
If Yes: Please explain: _____________________________________________________________________________
**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?
- [ ] needs assistance to get up
- [ ] dragging feet/ toes
- [ ] change in gait/walk
- [ ] has difficulty jumping
- [ ] must navigate up/down stairs in or outside the home
- [ ] need assistance climbing stairs

What floor type do you have at home:
- [ ] tile
- [ ] wood floor
- [ ] laminate
- [ ] rug
- [ ] 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

Are there other pets in the home – if so – what kind/how old?
_______________________________________________________________

Are there any major concerns you have?
_______________________________________________________________

Describe what a good day is like for your pet?
_______________________________________________________________

List your pet's top 5 favorite things:
_______________________________________________________________

List 3 things your pet hates:
_______________________________________________________________

What quality of life do you think your pet has right now (1-10 with 10 being the greatest)?
__________________________

**HOW OLD IS YOUR PET IN PEOPLE YEARS?**

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<th>Years</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Small Breed / Cats (1-20 lb)</td>
<td>7</td>
<td>13</td>
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<td>Medium Breed (20-50 lb)</td>
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<td>105</td>
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<tr>
<td>Large Breed (50-90 lb)</td>
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<td>45</td>
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<tr>
<td>X Large Breed (&gt;90 lb)</td>
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- [ ] Adult
- [ ] Senior
- [ ] Geriatric

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