

# FELINE SENIOR CHECKUP MEDICAL RECORD

**Client Instructions:** Please fill out & answer the following questions as completely as possible.

**Date** \_\_\_\_\_

**Patient's Name** \_\_\_\_\_

**Circle the appropriate response:**

*Male*          *Female*          *Spayed/Neutered*

**Breed** \_\_\_\_\_

**Color** \_\_\_\_\_

**Date of Birth or Approx. Age** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

**Owner's Address** \_\_\_\_\_

\_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_

**Work** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Email:** \_\_\_\_\_

## NUTRITION/DIET INFORMATION

What brand does your pet eat? Dry, canned or moist? \_\_\_\_\_

\_\_\_\_\_

Please describe any snacks, supplements, or table food your pet receives & how often. \_\_\_\_\_

\_\_\_\_\_

Who feeds the pet? \_\_\_\_\_

How many times a day does your pet eat? \_\_\_\_\_

How is your pet's appetite? \_\_\_\_\_

Have you noticed any changes in your pets eating habits or appetite recently? \_\_\_\_\_

\_\_\_\_\_

## ENVIRONMENT

How often does your pet go outside? \_\_\_\_\_

\_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

Are there other pets in the family? If so, how many & what kind(s)? \_\_\_\_\_

\_\_\_\_\_

Are there any young children in the family? \_\_\_\_\_

## EXERCISE

What kind of exercise or playtime does your pet get and how often? \_\_\_\_\_

\_\_\_\_\_

Please describe any problems with this exercise. Does your pet have trouble jumping? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you noticed any limping, stiffness, or pain when your pet first gets up? Does he/she improve after awhile?

\_\_\_\_\_

\_\_\_\_\_

Does your pet tire easily? \_\_\_\_\_

Any increase or decrease in activity? \_\_\_\_\_

\_\_\_\_\_

Does your pet cough, pant, or have trouble breathing? Any changes in breathing pattern? \_\_\_\_\_

\_\_\_\_\_

## WEIGHT

How do you monitor your pet's weight? (Scale, visually, other?) \_\_\_\_\_

Have you noticed any recent weight loss or gain? \_\_\_\_\_

## DENTAL CARE

Has your pet ever had its teeth cleaned? If so, when was the last time? \_\_\_\_\_

\_\_\_\_\_

How often does your pet have professional cleanings? \_\_\_\_\_

**DENTAL CARE (Continued)**

Do you ever brush your pet's teeth? \_\_\_\_\_

Does your pet ever seem to have trouble chewing? Bad breath? Drooling? \_\_\_\_\_

**BEHAVIOR**

Have you noticed any changes in your pet's behavior (examples: less enthusiastic greeting, less interaction with family, hiding)? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Please list any behavioral problems \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you recently felt your pet was (please circle all appropriate answers):

*More sensitive to pain*    *More lethargic*    *Moody*

*Less tolerant*                      *More anxious/nervous*

When did you notice changes? \_\_\_\_\_

**BEHAVIOR (continued)**

Does your pet vocalize more? \_\_\_\_\_

**SPECIAL SENSES**

Have you noticed any changes in your pet's vision? Do your pet's eyes look different? \_\_\_\_\_

\_\_\_\_\_

Does your pet run into objects or become anxious in an unfamiliar environment? Does your pet ever act lost in a familiar environment?

\_\_\_\_\_

Have you noticed any changes in your pet's hearing? \_\_\_\_\_

**OTHER INFORMATION**

How much water does your pet drink in a day? \_\_\_\_\_

Does your pet prefer drinking from running water? \_\_\_\_\_

Any recent changes in amount of water your pet drinks or frequency of drinking? \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION (Continued)**

Any changes in amount of urine in the litter box or frequency of urination? \_\_\_\_\_

\_\_\_\_\_

Does your pet ever miss the litter box? If so, where? Is it urine or stool? \_\_\_\_\_

\_\_\_\_\_

Any changes in amount or frequency of your pet's bowel movements? Constipation? \_\_\_\_\_

\_\_\_\_\_

Any problems with skin or hair coat? Changes in grooming habits? \_\_\_\_\_

\_\_\_\_\_

Any coughing, sneezing, discharge from nose or eyes, scratching or shaking head? \_\_\_\_\_

\_\_\_\_\_

Any lumps or bumps? \_\_\_\_\_

\_\_\_\_\_

Any past medical problems of which we are not aware? \_\_\_\_\_

\_\_\_\_\_

Does your pet vomit hair? Any increase in frequency? \_\_\_\_\_

\_\_\_\_\_

What medications are your pet taking currently? \_\_\_\_\_

\_\_\_\_\_

**\*Studies show that as many as 17% of middle to older age cats that appear healthy upon physical examination have an underlying disease.**