

## Canine Senior Care - Health Check Form

If your dog is a senior (see chart below), please fill out this form and bring it with you at the time of your appointment.

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

\_\_\_\_\_  
Dog's Name

\_\_\_\_\_  
Dog's Age

\_\_\_\_\_  
Date of Appointment

Does your dog display any of the following:  
(please check yes or no)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Difficulty climbing stairs             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty jumping up                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Increased stiffness or limping         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of housetraining                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Increased thirst                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Increased urination                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changes in activity level              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Excessive panting                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Circling / Repetitive movements        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confusion or disorientation            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Excessive Barking                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less interaction with family           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Decreased responsiveness               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tremors or shaking                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skin and haircoat changes              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changes in sleeping patterns           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less enthusiastic greeting or behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Altered appetite                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weight change                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Canine Adult Size in Pounds

Age in years	0-20	21-50	51-120	>120
3 years	28	29	31	39
4 years	32	34	38	49
5 years	36	39	45	59
6 years	40	44	52	69
7 years	44	49	59	79
8 years	48	54	66	89
9 years	52	59	73	99
10 years	56	64	80	
11 years	60	69	87	
12 years	64	74	94	
13 years	68	79		
14 years	72	84		
15 years	76	89		
16 years	80	94		
17 years	84			
18 years	88			
19 years	92			
20 years	96			

Age Analogy Chart: W. Fortney, R. Goldston

- Adult
- Senior
- Geriatric

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date