

SANFORD OAKS ANIMAL CLINIC



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Part 1 of 3

SENIOR PET HEALTH QUESTIONNAIRE

CLIENT'S FIRST & LAST NAME:	DAYTIME PHONE #: () -		
PET'S NAME:	DOG / CAT	BREED	
COLOR	SEX	SPAYED/NEUTERED?	AGE _____ years

Please answer the following questions to the best of your ability. You may bring the completed form with you on the morning you bring your pet for his/her geriatric evaluation, or you may fax or email it to us prior to your appointment.

1. What was the age of your pet when you acquired him/her? _____

2. List any major illnesses your pet has had.

3. List any major surgeries and their approximate dates that your pet has undergone (spaying, neutering, etc.)

4. List any allergies and/or food intolerances your pet may have.

5. What is your pet's daily diet?

Brand of food _____ Wet___ Dry___

Supplements _____

Treats _____

Amount and types of table food _____

6. List any medications that your pet is taking, including heartworm preventative.

7. Have you noticed any lameness, stiffness or limping? ___ Yes ___ No

If yes, the lameness affects: ___ left rear leg ___ right rear leg

 ___ left front leg ___ right front leg

Difficulty, slow in rising ___ after sleeping ___ after exercise

Stiffness ___ after sleeping ___ after exercise

Climbing stairs or steps ___ reluctant ___ slowly

