

OLD AND PURRFECT



Questionnaire

Patient Name/surname.....

Date:

Nurse.....

Please take a few moments to complete this prior to your appointment.

Your answers will help us understand how your senior pet is at home and any behavioural changes that may be affecting them, which may not be initially apparent.

Please tick all that apply to your pet, even if it only happens occasionally.

Behaviour

- My cat sleeps more during the day and/or sleeps less at night
- My cat has started vocalising for no apparent reason
- There are times when my pet does not respond to their name or commands as previously expected
- My cat seems confused/disorientated/displays odd behaviour
- My cat interacts with us less/isn't seeking attention
- My cat has started having toileting accidents in the house, when previously house trained.

Body Functions

- My cat struggles to see/hear things
- My cat has bad breath/dribbles/eats differently/paws at mouth
- My cat eats more /less than normal
- My cat has lost/gained weight
- My cat is drinking more water
- My cat is urinating more frequently
- My cat vomits

Daily Activity

- My cat has difficulty jumping on to surfaces/ climbing
- My cat seems more stiff when getting up/down
- My cat does not want to play/hunt as much
- My pet is reluctant to exercise

Skin/coat

- My cat's coat has changed

- Cat does not groom as much

Heart/Lungs

- My cats breathing has changed
- My cat cough's /sneezes
- My cat pants more/tires easily/doesn't walk as far

Any other comments?

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What is your cat's current diet?

Do they have treats? If so which and how often.....

When was your cat last treated for parasites?.....

When was your cat last vaccinated?

Do you brush your cat's teeth?

Do you groom your cat? If so, give details.....

Thank you for taking the time to complete this questionnaire. We look forward to seeing you!

Old and Perfect



Questionnaire

Patient name/surname..... Date:.....

Nurse.....

Please take a few moments to complete this prior to your appointment.

Your answers will help us understand how your senior pet is at home and any behavioural changes that may be affecting them, which may not be initially apparent.

Please tick all that apply to your pet, even if it only happens occasionally.

Behaviour

- My dog sleep pattern has changed (e.g sleeps more in the day/less at night)
- My dog has started vocalising for no apparent reason
- There are times when my dog does not respond to their name or commands as previously expected
- My dog seems confused/disorientated/displays odd behaviour at times
- My dog interacts with less with us/other animals /isn't seeking attention
- My dog has started having toileting accidents in the house, when previously house trained.

Body Functions

- My dog struggles to see/hear things
- My dog has bad breath/dribbles/eats differently
- My dog eats /drinks more /less than normal
- My dog has lost/gained weight
- My dog is urinating more/less frequently
- My dog vomits

Daily Activity

- My dog has difficulty jumping/walking
- My dog has difficulty when getting up/down
- My dog does not want to play as much
- My dog is reluctant to exercise/ lag's behind on walks/does not walk as far (please state)

Skin/coat

- My dog's coat has changed

Heart/Lungs

- My dog's breathing has changed
- My dog cough's /sneezes

- My dog pants more/tires easily

Any other comments?

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What is your dog's current diet?

How much approximately fed per day? (grams /pouches/tin).....

Do they have treats? If so which and how often.....

Is your dog on any medication, including supplements? (please state).....

When was your dog last vaccinated?

Do you brush your dog's teeth?

Do you groom your dog? If so, give details.....

Thank you for taking the time to complete this questionnaire. We look forward to seeing you!