



# Lifetime Small Animal Hospital

*“Helping Your Pet Be Its Best – for a Lifetime”*

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

## SENIOR MANAGEMENT PROGRAM

Please take the time to answer the following questions. Your answers will help us determine if your pet needs to be on a geriatric management program.

	<b>Please answer Yes or No to the following questions:</b>	<b>YES</b>	<b>NO</b>
<b>1</b>	Is your pet drinking more water than usual?		
<b>2</b>	Has your pets appetite changed, either increased or decreased? (Circle one if changed.)		
<b>3</b>	Does your pet urinate indoors?(Indicate # of incidents per week.)		
<b>4</b>	Does your pet defecate indoors? (Indicate # of incidents per week.)		
<b>5</b>	Does your pet urinate or defecate indoors soon after being outside?		
<b>6</b>	Does your pet respond when called by name?		
<b>7</b>	Does your pet show less enthusiasm upon greeting?		
<b>8</b>	Does your pet wander aimlessly, or appear lost or confused in the house or yard?		
<b>9</b>	Does your pet have trouble recognizing familiar people?		
<b>10</b>	Do your pets eyes appear to have a bluish haze to them?		
<b>11</b>	Has your pets activity level decreased over the last few weeks, months, or years. ( Circle one.)		
<b>12</b>	Is your pet reluctant to climb steps of jump up?		
<b>13</b>	Is your pet slow to rise, or has difficulty rising from a resting position?		
<b>14</b>	Does your pets coat seem dull, dry or flaky?		
<b>15</b>	Does your pets breath have a foul odor?		
<b>16</b>	Do you think that your pets general attitude has declined?		

Comments: \_\_\_\_\_

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