

QUESTIONS ABOUT YOUR PET

Provide your pet with a lifetime of love and care



Please complete this questionnaire as best as you can. It is designed to help you and your veterinarian provide the best care for your older pet.

OWNER'S NAME: DATE:

PHONE NUMBER: EMAIL ADDRESS:

PET'S NAME: DOB: / / WEIGHT:

MALE: FEMALE: NEUTERED: ENTIRE:

CURRENT MEDICATIONS:

INDICATE IF YOUR PET HAS EXPERIENCED ANY CHANGES IN...

APPEARANCE: Thinner Normal Heavier

COAT: Y N (dullness, loss of hair, matting, itchiness, dandruff)

BODY SMELLS: Y N (Smelling from one or both ears, smelling from the mouth, smelling from the skin)

LUMPS & BUMPS: Y N (new lumps, changes in previous lumps)

DRINKING: Y N If yes, please explain:

APPETITE: Y N If yes, please explain:

WEIGHT: Y N If yes, please explain:

URINATION: Y N If yes, please explain:

HEARING/SEEING: Y N (seeing less, hearing less, responding slower)

MOVEMENT: Y N (trouble with stairs, stiffness, pain, lameness, spending more time lying down)

RESPIRATION: Y N (wheezing, shortness of breath, exercise intolerance, mouth breathing, coughing)

BEHAVIOUR: Y N (reduced family interaction, vocalization, lack of litter training)

DIGESTION: Y N (diarrhea, constipation, hairballs, vomiting)

Any other concerns about your pet:

Your data will not be used for any marketing purposes.



Address

Animalcare Ltd
10 Great North Way
York Business Park
York
YO26 6RB

Contact

T: +44 (0) 1904 487687
F: +44 (0) 1904 487611
E: orders@animalcare.co.uk
W: animalcare.co.uk