

# PET HEALTH PARTNERSHIP

## SENIOR WELLNESS QUESTIONNAIRE

How well are our old friends??

At PHP we are dedicated to maximising your pet's quality of life for as long as possible. To do this we need to make sure that your pet is not struggling with any underlying disease.

Please take a few moments to fill in this questionnaire to allow us to understand your pet's needs.

**NAME:**

**AGE:**

**DIET:**

**MEDICATION:**

**BODILY FUNCTIONS** (please circle the appropriate response and give any details in the space provided)

1. Has your pet's appetite changed?

YES                  NO

2. Has your pet's water intake changed?

YES                  NO

3. Has your pet started to lose urinary or faecal continence?

YES                  NO

4. Has your pet developed bad breath?

YES                  NO

### **SIGNS OF ARTHRITIC PAIN**

1. Does your pet seem stiff or lame when getting up or walking?

YES                  NO

2. Does your pet struggle to jump or is hesitant before jumping?  
YES            NO
3. Does your pet lag behind on walks/seem to tire more easily?  
YES            NO
4. Does your pet struggle with stairs or has an altered gait when going up/downstairs?  
YES            NO
5. Is your pet less playful with you or other animals?  
YES            NO
6. Is your pet sensitive to being touched?  
YES            NO
7. Is your pet more likely rest in different places or positions?  
YES            NO
8. Is your pet having trouble sleeping or sleeping more than they used to?  
YES            NO
9. Has your pet become aggressive with you or other animals?  
YES            NO

### **SIGNS OF COGNITIVE DYSFUNCTION**

1. Does your pet seem disorientated at times?  
YES            NO
2. Does your pet seem more withdrawn/anxious or seeks solitude?  
YES            NO
3. Have your pet's sleep/wake cycles changed?  
YES            NO

Thank you for your responses.

