Senior/Geriatric Dog Questionnaire
(7+ years)

Owners Name: ___________________________ Date: ___________________________
Dog's Name: ___________________________ Dog’s Age (DOB): ___________________________

1. Where does your dog spend most of his/her day? (inside, outside, in a room, in a kennel, with you)?
   ___________________________  ___________________________  ___________________________

2. Have you taken your dog to a training class? If so, where?
   ___________________________  ___________________________  ___________________________

3. Do you train your dog? If so, how? (with treats, clicker training, etc)
   ___________________________  ___________________________  ___________________________

4. Do you walk your dog? If so what type of collar does your dog wear for walks?
   ___________________________  ___________________________  ___________________________
   If not, why? ___________________________  ___________________________  ___________________________

5. Any problems with walking your dog? _________________

6. Have you noticed any changes in your dog’s personality or activity level?
   □ Less or more active
   □ Difficulty rising after resting or sitting
   □ Urine or stool accidents in the house
   □ More independent, less affectionate, or more dependent
   □ Disoriented at times or failure to recognize familiar people
   Comments: ________________________________________________________________
7. What is your typical routine of activities with your dog each day?

____________________________________________________________________________________

____________________________________________________________________________________

8. If you have other pets in the household, describe the dog’s relationship with them.

____________________________________________________________________________________

9. Has your dog ever shown any growling, barking, snarling or mouthing/biting towards you or anyone else? If so, when?

____________________________________________________________________________________

____________________________________________________________________________________

10. Are there things your dog is afraid of or does not like? If so, please describe.

____________________________________________________________________________________

____________________________________________________________________________________

11. Has your dog shown any of these signs: coughing, sneezing, itching, diarrhea, vomiting, or lack of appetite?

____________________________________________________________________________________

12. Any change in grooming habits? __________________________

13. Any change in water or food consumption? ________________

14. What type of food do you feed your dog and how often is he/she fed? Is food available all the time or at set "mealtimes"?

____________________________________________________________________________________

15. Any change in frequency of urination or defecation? ________________
16. What, if any, medications (over the counter or prescription) does your dog take or have applied routinely?

____________________________________________________________________________________
____________________________________________________________________________________

17. What are three things you enjoy about your dog?

____________________________________________________________________________________
____________________________________________________________________________________

18. Do you have any concerns or topics you would like to discuss?

____________________________________________________________________________________
____________________________________________________________________________________