



Claws & Paws

VETERINARY HOSPITAL®

Please take a moment to complete this checklist and bring it with you when your pet is scheduled for a complete Senior Health Care Pet Exam.

Owner: _____ Pet's Name: _____

Pet's Age: _____ Date: _____ Appointment Date: _____ Time: _____

Pet Checklist	Yes	No	Pet Checklist	Yes	No
Difficulty Climbing Stairs	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Barking	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Jumping Up	<input type="checkbox"/>	<input type="checkbox"/>	Less Interaction with Family	<input type="checkbox"/>	<input type="checkbox"/>
Increased Stiffness or Limping	<input type="checkbox"/>	<input type="checkbox"/>	Decreased Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Housetraining	<input type="checkbox"/>	<input type="checkbox"/>	Tremors or Shaking	<input type="checkbox"/>	<input type="checkbox"/>
Increased Thirst	<input type="checkbox"/>	<input type="checkbox"/>	Skin and/or Hair Coat Changes	<input type="checkbox"/>	<input type="checkbox"/>
Increased Urination	<input type="checkbox"/>	<input type="checkbox"/>	Changes in Sleeping Patterns	<input type="checkbox"/>	<input type="checkbox"/>
Changes in Activity Level	<input type="checkbox"/>	<input type="checkbox"/>	Less Enthusiastic Greeting/Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Panting	<input type="checkbox"/>	<input type="checkbox"/>	Changes in Appetite	<input type="checkbox"/>	<input type="checkbox"/>
Circling/Repetitive Movements	<input type="checkbox"/>	<input type="checkbox"/>	Weight Change	<input type="checkbox"/>	<input type="checkbox"/>
Confusion or Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Is Your Pet "Over 40"?

Find your pet's age and weight to see its relative age in human years.



Pet's Age	Pet's Size (in Pounds)			
	0-20	21-50	51-90	>90
5	36	37	40	42
6	40	42	45	49
7	44	47	50	56
8	48	51	55	64
9	52	56	61	71
10	56	60	66	78
11	60	65	72	86
12	64	69	77	93
13	68	74	82	101
14	72	78	88	108
15	76	83	93	115
16	80	87	99	123
17	84	92	104	
18	88	96	109	
19	92	101	115	
20	96	105	120	

■ Senior ■ Geriatric

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