

Geriatric Dog Health Observations

Eating/drinking

- What are your dog's favorite foods and treats? *(Record on the Nutrition and Treat Log on page 19)*

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- Has your dog's food preferences changed in the last year?

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- Has your dog's appetite decreased or increased?

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- Are special enticements or is other assistance needed to get your dog to eat?

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- Does your dog drop food while eating or have trouble chewing or swallowing?

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- Does your dog have an increased thirst?

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- Any vomiting?

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Weight

- What is your dog's current weight?

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- Has your dog lost weight without being on a diet or without getting extra exercise?

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- Has your dog been gaining weight?

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Sleep

- Where does your dog prefer to sleep?

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- How many hours does your dog sleep during an average day?

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- Does your dog sleep peacefully?

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- What does your dog do if they get up during the night?

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- Does your dog sleep more during the day than they used to and less at night?

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Activity level

- What are your dog's favorite activities, toys, and games?

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- Who are your dog's favorite people?

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- Who are your dog's least favorite beings (squirrels, delivery people, neighbor dogs)?

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- Does your dog have other favorite animal friends or playmates?

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- Has your dog's activity decreased?

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- If so, over what time period—the last few days, weeks, or months, or during the last year?

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Strength and vitality

- Has your dog's energy decreased in the last year?
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- Does your dog seem less interested in exercise or favorite activities?
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- Is your dog weaker during exercise or less tolerant of exercise?
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Mobility

- Does your dog need help on stairs?
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- Does your dog have trouble getting into or out of the car?
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- Any difficulty jumping on or off the bed or couch?
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- Need help getting up from lying down?
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- Does your dog drag their feet or toes?
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- Has your dog's gait changed (walks slower or limps)?
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Urine, feces, and house training

- Have you noticed an increase or decrease in urination?
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- Any urinary or fecal accidents indoors?
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- Does your dog have urine leakage while resting?
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- Has the appearance or consistency of your dog's feces changed? Any diarrhea? Constipation?

- Does your dog pass a fecal ball during a walk without seeming to notice?

Ears, eyes, nose, mouth, throat, and breathing

- Have you noticed a change in your dog's hearing?

- Is your dog more or less reactive to noises?

- Does your dog have vision problems in bright light? In dim light? At night? Up close?

- A runny nose or sneezing?

- Watery or gooey discharge around the eyes?

- Bad breath?

- Does your dog's bark sound different?

- Does your dog repeatedly clear their throat?

- Does your dog pant more frequently?

- Does your dog breathe faster or heavier?

- Any coughing?

Skin, coat, and toenails

- Does your dog have increased or excessive itching?

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- Lumps or bumps on or under the skin?

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- Does your dog have unpleasant or odd skin or ear odor?

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- Does your dog frequently lick or chew their skin or hair?

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- Is your dog's skin or fur flaky, dry, or oily?

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- Have you noticed longer toenails?

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- Does your dog enjoy baths? Being brushed or combed?

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- Is your dog's coat thinning? Dull?

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- Does your dog have areas of hair loss?

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Temperature and overall comfort

- Does your dog seek out new or unusual areas to rest that are warm, cold, soft, sunny, or hard?

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- Does your dog shiver easily?

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- Does your dog pant excessively?

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Mentation

(If your dog exhibits these signs, see also the "Cognitive Assessment and Health Concerns for Dogs" form)

- Is your dog less excited to greet you when you get home?

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- Has your dog been less interactive with the family?

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- More clingy or anxious?

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- Does your dog pace during the day or night?

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- Stare off into space?

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- Seem irritable or act more aggressively?

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- Do they seem disoriented or distant?

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- Become agitated at certain times of the day?

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- Get stuck in odd locations or appear lost?

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- Vocalize inappropriately (bark at night for no apparent reason)?

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- Do they circle? (If so, is it one direction or both?)

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- Have they had a seizure?

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