

# SENIOR WELLNESS ASSESSMENT

## Admission Form

Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Age: \_\_\_\_\_

Today's weight: \_\_\_\_\_ lbs

1. What food are you currently feeding? \_\_\_\_\_  Canned  Dry

2. How much do you feed each day? Canned: \_\_\_\_\_ Dry: \_\_\_\_\_ Cups/Day

3. Do you feed human food/treats? Y / N

4. Has your pet displayed any of the changes listed below?

**Weight:**

Losing  Gaining

**Eating:**

Less  More

**Drinking:**

Less  More

5. Do you know your pet's ideal weight?  Yes  No If Yes, please list \_\_\_\_\_

6. How much activity time (playtime, walks) does your pet get each day?

<20min  20-40min  >40min

7. Please indicate any of the following that apply to your pet:

**Joint Health:**

- Trouble getting up
- Climbing stairs
- Walking/running/jumping

**Oral Health:**

- Bad breath/tartar on teeth
- Difficulty eating
- Drooling

**Digestive Health:**

- Change in appetite
- Vomiting or diarrhea
- Constipation

**Skin & Coat Health:**

- Itching, scratching, or licking
- Hair loss

**Urinary Health:**

- Straining when urinating
- Increased urination
- Urinating in unusual places

**Sensory Health:**

- Vision changes
- Hearing loss

8. Please list current medications/other comments

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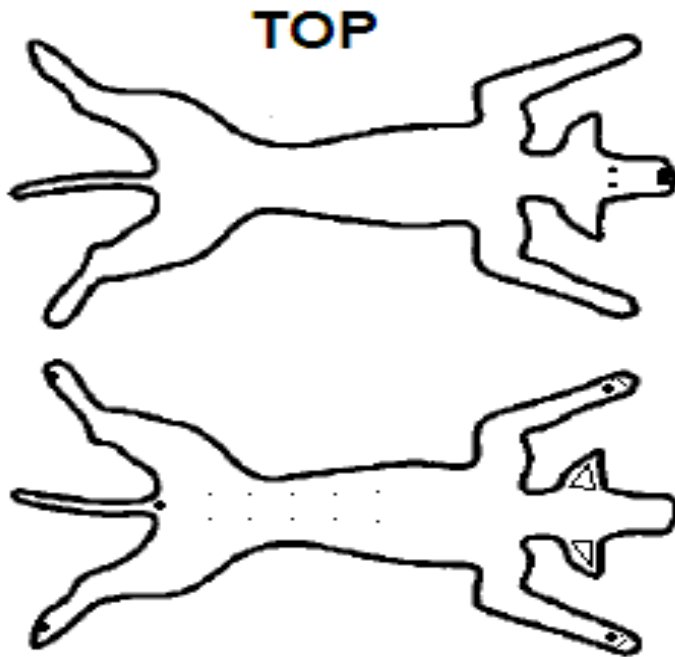
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9. Emergency Contact # \_\_\_\_\_

10. Email address \_\_\_\_\_@\_\_\_\_\_

# LUMPS AND BUMPS

Please indicate with an "x" the location of any lumps you wish to have investigated:



Please list the date each lump was noticed, along with any other information you can provide us.

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