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Client Name: _____ Pet's Name: _____ Date: _____

Senior Pet Health Profile

CHECK ALL THAT APPLY TO YOUR PET	YES	FURTHER EXPLANATION
Difficulty climbing stairs		
Difficulty jumping up		
Increased stiffness/limping		
Loss of housetraining		
Change in litterbox habits/inappropriate elimination		
Increased thirst		
Increased urination		
Changes in activity level		
Circling/Repetitive movements		
Persistent vocalization		
Excessive scratching		
Confusion or disorientation		
Excessive barking/meowing		
Less interaction with family/hiding		
Decreased responsiveness		
Tremors or shaking		
Skin & hair-coat changes/bumps or lumps		
Excessive panting		
Less enthusiastic greeting or behavior		

Changes in sleeping pattern/location		
Changes in appetite: Increased/Decreased		
Weight change: Gain/Loss		
Bad Breath		
Seizures		
Vomiting		
Hearing/vision loss		

What type of food is your pet eating?
How much?

List any medications you give your pet:

Any other specific concerns: