



INTERMOUNTAIN PET HOSPITAL

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SENIOR PET HEALTH PROFILE

Your Name: _____ Your Pet's Name: _____ Date: _____

CHECK ALL THAT APPLY TO YOUR PET	YES	FURTHER EXPLANATION
Difficulty climbing stairs		
Difficulty jumping up		
Increased stiffness/limping		
Loss of housetraining		
Change in litter box 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 and hair-coat changes/bumps or lumps		
Excessive panting		
Changes in sleeping pattern/location		
Less enthusiastic greeting or behavior		
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: