SENIOR WELLNESS REPORT CARD

First name: _____ Last name: _____ Date: _____

Vaccination program

❍ Current ❍ Vaccinations due: parvovirus ____ *Bordetella* ____ Lyme ____ DHLP-P ____ rabies ____ PCVR/C ____ leukemia ____

1. Coat and skin

❍ Appears normal ❍ Oily ❍ Itchy
❍ Dull ❍ Shedding ❍ Fleas
❍ Scaly ❍ Matted ❍ Hair loss
❍ Dry ❍ Tumors ❍ Pigment
❍ Other _____

2. Eyes

❍ Appear normal ❍ Infection L__R__
❍ Discharge L__R__ ❍ Cataract L__R__
❍ Lenticular sclerosis ❍ Other _____

3. Ears

❍ Appear normal ❍ Hearing
❍ Inflamed ❍ Infection L__R__
❍ Itchy ❍ Excessive hair
❍ Mites ❍ Ear drums L__R__
❍ Other _____

4. Nose and throat

❍ Appear normal ❍ Inflamed tonsils
❍ Nasal discharge ❍ Enlarged lymph gland
❍ Inflamed throat ❍ Other _____

5. Mouth, teeth, gums

❍ Appear normal ❍ Ulcers ❍ Infection (pus)
❍ Broken teeth ❍ Loose teeth ❍ Tumors
❍ Tartar buildup ❍ Gingivitis (inflamed gum tissue) ❍ Other _____

6. Legs and paws

❍ Appear normal ❍ Nails too long
❍ Lameness (LF, RF, LR, RR) ❍ Joint problems
❍ Foot hair discoloration
❍ Damaged ligaments ❍ Other _____

7. Heart

❍ Appears normal ❍ Arrythmia ❍ Fast
❍ Murmur ❍ Slow ❍ Other _____

8. Abdomen

❍ Appears normal ❍ Abnormal mass
❍ Enlarged organs ❍ Tense/painful
❍ Fluid ❍ Other _____

9. Lungs

❍ Appear normal ❍ Congestion ❍ Rapid respiration
❍ Abnormal sound ❍ Breathing difficulty
❍ Coughing ❍ Other _____

10. Gastrointestinal system

❍ Appears normal ❍ Anorexia (appetite) ❍ Parasites
❍ Excessive gas ❍ Other _____
❍ Vomiting ❍ Abnormal feces _____

Cats/Dogs lab results

Fecal _____ ❍
Geriatric panel _____ ❍
Urinalysis _____ ❍
Heartworm test _____ ❍
FeLV/FIV test _____ ❍

11. Urogenital system

❍ Appears normal ❍ Recommend neutering
❍ Abnormal urination ❍ Mammary tumors
❍ Genital discharge ❍ Anal sacs
❍ Abnormal testicles ❍ Enlarged prostate
❍ Other _____

12. Weight (pounds)

❍ Normal range ❍ Thin by ___ pounds
❍ Heavy by ___ pounds ❍ Other _____

13. Diet

❍ Excellent ❍ Vitamins needed
❍ Good ❍ Improvement necessary

14. Senior wellness questionnaire

1. On medications? _____
2. Type of diet/treats (What kind? How often? How many treats? How much food?) _____
3. Type of vitamins/supplements: _____
4. Appetite: _____
5. Increased drinking/urinating/incontinence? _____
6. Ability to climb stairs? _____
7. Vomiting/diarrhea? _____
8. Lethargy? _____
9. Cold/heat intolerance? _____
10. Any growths or change in growth? _____

Diagnosis and description:

_____

Recommendations:

_____