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)*

• Has your dog’s food preferences changed in the last year?

• Has your dog’s appetite decreased or increased?

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

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

• Does your dog have an increased thirst?

• Any vomiting?

Weight

• What is your dog’s current weight?

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

• Has your dog been gaining weight?
Sleep

- Where does your dog prefer to sleep?
- How many hours does your dog sleep during an average day?
- Does your dog sleep peacefully?
- What does your dog do if they get up during the night?
- Does your dog sleep more during the day than they used to and less at night?

Activity level

- What are your dog’s favorite activities, toys, and games?
- Who are your dog’s favorite people?
- Who are your dog’s least favorite beings (squirrels, delivery people, neighbor dogs)?
- Does your dog have other favorite animal friends or playmates?
- Has your dog’s activity decreased?
- If so, over what time period—the last few days, weeks, or months, or during the last year?
**Strength and vitality**

- Has your dog’s energy decreased in the last year?

- Does your dog seem less interested in exercise or favorite activities?

- Is your dog weaker during exercise or less tolerant of exercise?

**Mobility**

- Does your dog need help on stairs?

- Does your dog have trouble getting into or out of the car?

- Any difficulty jumping on or off the bed or couch?

- Need help getting up from lying down?

- Does your dog drag their feet or toes?

- Has your dog’s gait changed (walks slower or limps)?

**Urine, feces, and house training**

- Have you noticed an increase or decrease in urination?

- Any urinary or fecal accidents indoors?

- Does your dog have urine leakage while resting?
• 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?
- Lumps or bumps on or under the skin?
- Does your dog have unpleasant or odd skin or ear odor?
- Does your dog frequently lick or chew their skin or hair?
- Is your dog’s skin or fur flaky, dry, or oily?
- Have you noticed longer toenails?
- Does your dog enjoy baths? Being brushed or combed?
- Is your dog’s coat thinning? Dull?
- Does your dog have areas of hair loss?

Temperature and overall comfort

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

• Has your dog been less interactive with the family?

• More clingy or anxious?

• Does your dog pace during the day or night?

• Stare off into space?

• Seem irritable or act more aggressively?

• Do they seem disoriented or distant?

• Become agitated at certain times of the day?

• Get stuck in odd locations or appear lost?

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

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

• Have they had a seizure?