

## Seven Up Club – Pet Owner Questionnaire

Owner's Name:

Pet's Name:

Date:

Weight:

Kg

Breed:

Sex: M

F

Neutered

Entire

Please answer the following questions as accurately as possible.

1) Has your pets' appetite changed at all?

Increased

Decreased

Stayed the same

2) How much food do you feed your pet per day including treats?

3) What brand of food do you feed your pet? Is this mainly wet/dry or both?

4) Do you think your pet has lost or gained any weight?

Lost

Gained

Stayed the same

5) Has your pets' drinking changed at all?

Increased

Decreased

Stayed the same

6) Have you noticed that your pets breath smells?

Yes

No

A little

7) Have you noticed if your pet has any difficulty eating especially biscuits or chews?

Yes

No

A little

8) Does your pet seem less keen to go outdoors or on walks?

Yes

No

9) Have you noticed any exercise intolerance, lameness or stiffness during or after exercise?

Yes

No

10) Does your pet have trouble moving from a resting position?

Yes

No

11) Have they altered the way they climb the stairs, jumping up onto things or grooming themselves? –

Yes

No

Please video if possible for the nurse to see at consultation

12) Have you noticed any coughing, wheezing or breathlessness especially during exercise?

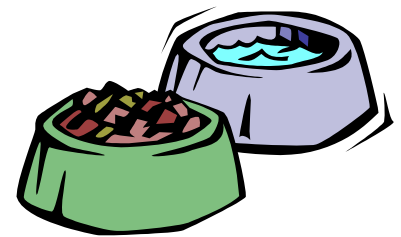
Yes

No

13) Do you think your pet's eyesight or hearing has changed?

Yes

No



14) Have you noticed any changes in your pets' behaviour? Have they become more grumpy, short tempered or aggressive?

Yes  No  A little

15) Does your pet ever appear lost or disorientated like they have forgotten where they are or what they were doing?

Yes  No

16) Have you noticed your pet pacing or seeming restless and unable to settle?

Yes  No

17) Have they started barking or crying for no reason?

Yes  No

18) Do they ever have accidents and toilet indoors, when previously they were house trained?

Yes  No  Sometimes

19) Have you noticed any changes in your pet's faeces or urine ie: consistency, frequency, any blood present?

Yes  No

20) Does your pet now sleep more during the day and/or sleep less at night?

Yes  No

21) Have you noticed any lumps or bumps on your pet? If so where?

Yes  No

22) Has your pet been vaccinated within the last year?

Yes  No

23) How often do you use worming or flea treatment on your pet and which products do you use?

24) Is your pet currently on any medication either prescription or supplements? If so please list them.

Yes  No

25) Do you have any worries or concerns about your pet becoming older?



We will perform a urinalysis (included in the cost of the appointment) which is vital to help detect early symptoms of renal disease and other issues. Your veterinary nurse will explain what this involves in the consultation.

If you are a dog owner, where possible please could you collect a urine sample in a clean, non-contaminated container and bring it with you.

Thank you for taking the time to fill out this questionnaire. At our Seven Up Club we aim to help you keep your pet happy and healthy. Our nurses will discuss your answers with you and discuss any worries which you may have. On occasion problems may be highlighted that require an appointment to see the veterinary surgeon for a separate consultation for which there will be a charge and we will be able to advise accordingly.