

SENIOR CANINE RISK ASSESSMENT FORM

Rev. 7/15

Pet's Name _____ Date _____

- 1. Where does your dog spend its time? Indoors all the time--only goes out to urinate/defecate
 Indoor & outdoor
 Outdoors all the time

2. What are you currently feeding your dog?

- Dry Brand _____ Amount: _____ c. per day free choice
- Canned Brand _____ Amount: _____ per day free choice
- Semi-moist Brand _____ Amount: _____ per day free choice
- Other _____

3. Do you give any supplements (e.g. vitamins)? Y or N
If yes, list: _____

4. Is your dog on any medications, either prescribed by a doctor or over the counter? Y or N
If yes, list: _____

5. Do you give your dog monthly heartworm preventative? Y or N
If yes, list: _____

6. Do you use anything for flea and tick control? Y or N
If yes, list: _____

7. What do you think about your dog's weight?

- very thin a little underweight ideal a little overweight obese

8. Have you noticed any **changes** in:

- Body weight (heavier or lighter than before). Y or N
- Appetite (eating more or less than usual). Y or N
- Water consumption (filling the water dish more often). Y or N
- Urine production (amount or frequency—does he/she have to go out more?). Y or N
- Haircoat or skin. Y or N
- Activity Level (more lazy or more hyper). Y or N
- Sleep Routines. Y or N

9. Have you **noticed** any of the following:

- Fleas or ticks on your dog. Y or N
- Lumps or bumps on the body Y or N

(OVER)

(Continued--Have you **noticed** any of the following)

- Bad breath, drooling, or reluctance to chew.....Y or N
- Loss of vision (can't see objects as well at dusk or night or runs into things).....Y or N
- Loss of hearing (can't hear the door close, can't hear you when you call).....Y or N
- Vomiting or diarrhea.....Y or N
- Stiffness, difficulty running or jumping, or climbing stairs.....Y or N
- Panting, heavy breathing, or coughing.....Y or N
- Confusion, disorientation, or accidents in the house.....Y or N
- Urinating or defecating in the house.....Y or N

10. Do you have any behavioral concerns (becoming more aggressive, barks more, doesn't listen, etc.) Y or N

11. Do you have any other health concerns? Y or N

12. Do you:
- Take your dog to a boarding facility.....Y or N
 - Take your dog to dog parks, field trials, dog shows.....Y or N
 - Travel with your dog.....Y or N

13. If you have answered **YES** to anything in questions 8-11, please list the number and explain.

In order to keep our records up to date, please list the pets that you currently own.

Survey questions:

- Are you aware that we offer:
- boarding facilities?.....Y or N
 - grooming?.....Y or N
 - chiropractic services?.....Y or N
 - dog exercise park?.....Y or N
 - Standard Process Whole Food Supplements for pets.....Y or N

Signature _____ Date _____