Bakenkop Animal Clinic
Senior Wellness Check

General Information

Examination Date: _____ Owners name: _____

Name of animal: _____ Species: _____ Breed: _____

Sex: M F Neutered: Yes No Age: _____

Current weight: _____ kg Any changes in weight recently? If so, how? _____

Date of the last vaccination: _____ Date of last flea/worm preventatives: _____

Has the pet been in a foreign country? Yes No If so, when and where? _____

Preliminary report

Reduced/increased appetite?	Yes	No	Muscle tremors?	Yes	No
Vomiting?	Yes	No	Incontinence?	Yes	No
Diarrhoea?	Yes	No	Problems getting up and down stairs?	Yes	No
Constipation?	Yes	No	Less active?	Yes	No
Any difficulties in defaecation?	Yes	No	Increased tiredness?	Yes	No
Increased drinking?	Yes	No	Chews, licks or eats inappropriate items?	Yes	No
Increased urination?	Yes	No			
Abnormal lumps/swellings?	Yes	No	More vocal?	Yes	No
Dermal lesions present?	Yes	No	If so, by night or by day?	Yes	No
Bad breath?	Yes	No	Increased irritability/ aggressiveness?	Yes	No
Difficulties in eating?	Yes	No	Increased fear/anxiety?	Yes	No

Changes in behaviour? Yes No If so, specify:

Any other changes noted? Yes No If so, specify:

Date of any recent surgery:

Date: _____

OP: _____

Drug history, former and current medication/ treatment: