



Wellington Veterinary Clinic

Annual Pet Health Checklist

Pet's Name: _____
 Owned By: _____
 Breed: _____
 Pet's Age: _____

Reason for visit (circle one): Health Exam Illness

Today's Date: _____

Pet's Age	Age in "people" years			
	< 20#	21-50#	51-90#	>91#
2	14	15	17	19
3	21	23	25	27
4	28	30	33	35
5	36	37	40	42
6	40	42	45	50
7	44	47	50	57
8	48	51	55	64
9	52	56	61	71
10	56	60	66	78
11	60	65	72	86
12	64	69	77	93
13	68	74	82	101
14	72	78	88	
15	76	83	93	
16	80	87	99	
17	84	92		
18	88	96		
19	92			
20	96			

- = Young Adult
- = Middle-age Adult
- = Senior
- = Geriatric

Have you noticed any of the following:	Yes	No
Change in appetite		
Change in weight		
Change in haircoat		
Presence of lumps or bumps		
Excessive itching, scratching or scooting		
Head shaking		
Excessive discharge from eyes or nose		
Bad breath		
Difficulty eating		
Increased thirst		
Increased frequency or amount of urination		
Change in color or character of urine or feces		
Vomiting or diarrhea		
Loss of house or litter box training		
Change in activity level		
Change in sleeping patterns or location		
Listlessness or weakness		
Difficulty jumping or climbing stairs		
Lameness or stiffness		
Excessive barking or meowing		
Excessive panting, coughing, sneezing, or wheezing		
Gagging or choking		
Confusion or disorientation		
Tremors or shaking		
Decreased enthusiasm (e.g., when greeting)		
Decreased responsiveness or interaction with family		

Additional Questions:

Has your pet traveled out of state in the last year? If yes, where? _____

Do you plan to travel with your pet in the next year? If yes, where? _____

Do you plan on boarding your pet during the next year? _____

Is your pet currently taking any medications? If yes, what? _____

Is your pet currently taking any supplements? If yes, what? _____

What brand of food are you currently feeding? _____ How much? _____

Is there anything else we need to know? If yes, please explain. _____