



WEBSTER GROVES ANIMAL HOSPITAL

Caring for Pets

Is your pet acting his or her age?

As you know, dogs & cats age faster than humans. The chart to the right illustrates where your pet is in the aging process.

By completing this short form, you will help us discover potential problems early while they can be handled more effectively and less expensively. Together we can help keep your pet's life happy and healthy.

	Cats and Small Dog	Medium Dog	Large Dog	Giant Breed Dog
Pet's Age in Years	0 to 20 pounds	21 to 50 pounds	51 to 90 pounds	Over 90 pounds
5	36	37	40	42
6	40	42	45	49
7	44	47	50	56
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	108
15	76	83	93	115
16	80	87	99	123
17	84	92	104	
18	88	96	109	
19	92	101	115	
20	96	105	120	

Relative age in human years

ADULT <45 yrs	SENIOR 45-65 yrs	GERIATRIC 65 +
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Pet Name _____ Age _____

Date _____

- Y N Is Your Pet...?**
- ___ ___ Just not himself/herself
 - ___ ___ Interacting less often with family
 - ___ ___ Responding less often or less enthusiastically
 - ___ ___ Changing in behavior/activity level
 - ___ ___ Having difficulty climbing stairs
 - ___ ___ Having difficulty jumping
 - ___ ___ Exhibiting increased stiffness or limping
 - ___ ___ Drinking more often
 - ___ ___ Urinating more often
 - ___ ___ Changing eating patterns
 - ___ ___ Noticeably gaining or losing weight
 - ___ ___ Losing houstraining habits

- Y N Is Your Pet...?**
- ___ ___ Changing in sleep patterns
 - ___ ___ Becoming confused or disoriented
 - ___ ___ Experiencing new changes in haircoat, skin or new lumps & bumps
 - ___ ___ Scratching more often
 - ___ ___ Exhibiting bad breath/ red or swollen gums
 - ___ ___ Showing tremors or shaking
 - ___ ___ Showing signs of motion sickness
 - ___ ___ Getting sick when riding in the car

Other Concerns: _____

Current Diet: _____

Does your pet receive preventative parasite medication year round? Y/ N

Type _____

Do you use for flea/ tick prevention?

Type _____

Other Concerns:

Date _____ Client _____ Patient _____