



**SYMPTOM CHECKLIST FOR DOGS OVER THE AGE OF 7**

*Please check all that apply to your dog:*

**Behavior / Neurologic**

- My dog is just not acting like himself/herself.
- My dog interacts less with the family.
- My dog seems confused or disoriented.
- My dog has been barking or howling excessively for no apparent reason.
- My dog's sleeping patterns have changed.
- My dog has had tremors or episodes of shaking.
- My dog has displayed circling, head tilts, or repetitive movements.

**Body Functions**

- My dog has bad breath and red or swollen gums.
- My dog has difficulty chewing.
- My dog's eating habits have changed.
- My dog has gained / lost weight. (circle one)
- My dog is drinking more water than usual.
- My dog is urinating more frequently than usual.
- My dog's house-training habits have changed and he/she sometimes has accidents.
- My dog's bowel habits have changed (increased frequency, diarrhea, constipation, straining). (circle all that apply)
- My dog vomits more than occasionally (1-2 times a month)
- My dog seems to have trouble seeing or hearing.

**Heart / Lungs**

- My dog has been coughing or seems winded after walking or playing.
- My dog seems to be panting more.
- My dog tires more rapidly or seems short of breath.

**Activity / Orthopedics**

- I have noticed a change in my dog's behavior or activity level.
- My dog lags behind on walks or has difficulty climbing stairs and jumping.
- My dog seems limp or seems stiff and has difficulty rising from a resting position or after exercise.
- My dog show signs of pain.

**Skin and Coat**

- My dog scratches, licks, and chews excessively.
- My dog has changes in haircoat, skin, or new lumps or bumps.
- My dog's skin has an odor.

**What foods and treats are you currently feeding your dog?**

**What medications are you giving your dog?** \_\_\_\_\_

**Do you have any specific questions or concerns about your dog?**

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Pet: \_\_\_\_\_

**Please Circle Your Dog's Age in Human Years**

dog's age in human years				
AGE	0-20 lbs	20-50 lbs	50-90 lbs	>90 lbs
1	7	7	8	9
2	13	14	16	18
3	20	21	24	26
4	26	27	31	34
5	33	34	38	41
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	131
18	88	96	109	139
19	92	101	115	
20	96	105	120	
21	100	109	126	
22	104	113	130	
23	108	117		
24	112	120		
25	116	124		

color key

- adult
- senior
- geriatric

