

# CLOCKTOWER ANIMAL HOSPITAL

## Symptoms Checklist for Dogs

Daytime contact phone number: \_\_\_\_\_

To be completed by the pet owner:

Does your dog:

### Orthopedic Issues

Please check all the boxes that apply to your pet

- Have difficulty climbing stairs?
- Lag behind during walks?
- Have difficulty rising from a resting place?
- Show signs of pain?
- Show stiffness or limping?
- Ever been diagnosed with arthritis, elbow or hip dysplasia?
- Ever given aspirin or other OTC or holistic medication?

### Body Function

- Any change in house training?
- Have increased thirst?
- Have increased or decreased urination?
- Vomit more than occasionally?
- Have bad breath?
- Have diarrhea or constipation?
- Experienced weight loss or gain?
- Have an altered appetite?
- Have a change in activity level?
- Noting any excessive tearing or rubbing at the eyes?

### Heart/Lung

- Have coughing or sneezing?
- Display increased panting?
- Tire more rapidly or shortness of breath?

### Neurologic

- Noted circling, head tilts or repetitive movements?
- Display confusion or disorientation?
- Have less interaction with family?
- Have a loss of enthusiasm or decreased responsiveness?
- Have tremors or shaking?
- Have a change in sleeping patterns?

### Skin and Coat

- Have hair coat changes, lumps or bumps?
- Have you noted an odor from the skin?
- Exhibit scratching, licking or chewing?



Circle your Dog's Age in "Human Years"

Pet's Age	Relative Age of Your Pet in "Human Years"			
	0-20 lbs	21-50 lbs	51-90 lbs	over 90 lbs
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	

What foods and treats are you currently feeding? \_\_\_\_\_ How often? \_\_\_\_\_

Do you have any specific questions or concerns about your pet? \_\_\_\_\_