



Seven Up Club – Pet Owner Questionnaire

Please use this questionnaire to help assess your senior pet and bring along to our nurse clubs for senior pets

Owner's Name: _____ Pet's Name: _____ Veterinary Nurse: _____

Date: _____ Weight: _____ Kg Breed: _____ Sex: M/F Neutered/Entire

Please answer the following questions as accurately as possible

1) Has your pets' appetite changed at all?

Increased Decreased Stayed the same

2) How much food do you feed your pet per day including treats?

3) What brand of food do you feed your pet? Is this mainly wet/dry or both?

4) Do you think your pet has lost or gained any weight?

Lost Gained Stayed the same

5) Has your pets' drinking changed at all?

Increased Decreased Stayed the same



6) Have you noticed that your pets breath smells?

Yes No A little

7) Have you noticed if your pet has any difficulty eating especially biscuits or chews?

Yes No A little

8) Does your pet seem less keen to go outdoors or on walks?

Yes No

9) Have you noticed any exercise intolerance, lameness or stiffness during or after exercise?

10) Does your pet have trouble getting up from a resting position?

Yes No

11) Do they have trouble climbing the stairs, jumping up onto things or grooming themselves?

Yes No

12) Have you noticed any coughing, wheezing or breathlessness especially during exercise?

Yes No

13) Do you think your pets' eyesight or hearing has changed?

Yes No

14)Have you noticed any changes in your pets' behaviour? Have they become more grumpy, short tempered or aggressive?

Yes No A little

15)Does your pet ever appear lost or disorientated like they have forgotten where they are or what they were doing?

Yes No

16)Have you noticed your pet pacing or seeming restless and unable to settle?

Yes No

17)Have they started barking or crying for no reason?

Yes No

18)Do they ever have accidents and toilet indoors, when previously they were house trained?

Yes No Sometimes

19)Have you noticed any changes in your pets faeces or urine ie: consistency,frequency,any blood present?

20)Does your pet now sleep more during the day and/or sleep less at night?

21)Have you noticed any lumps or bumps on your pet? If so where?

22)Has your pet been vaccinated within the last year?

Yes No

23)How often do you use worming or flea treatment on your pet and which products do you use?

24)Is your pet currently on any medication either prescription or supplements? If so please list them.

Yes No

25)Do you have any worries or concerns about your pet becoming older?

26)Would you be interested in having a senior blood screen and/or blood pressure performed today on your pet? We will also perform a FREE urinalysis which is vital to help detect early symptoms of renal disease and other issues. Your veterinary nurse will explain what this involves in the consultation.

If you are a dog owner, where possible please could you collect a urine sample in a clean, non contaminated container and bring it with you.

Yes Possibly No



Thank you for taking the time to fill out this questionnaire. At our Seven Up Club we aim to help you keep your pet happy and healthy. Our nurses will discuss your answers with you and discuss any worries which you may have. On occasion problems may be highlighted that require an appointment to see the veterinary surgeon for a separate consultation for which there will be a charge and we will be able to advise accordingly.