



Our Loyal Friends

Lifestyle Questionnaire



Please complete the following questionnaire and bring it with you to your pet's appointment.

Appetite and Water Intake

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|--|-----------------------------------|-----------------------------------|---------------------------------------|
| 1. Does your pet prefer: | Dry Food <input type="checkbox"/> | Wet Food <input type="checkbox"/> | Both Equally <input type="checkbox"/> |
| 2. Does your pet get fed: | | Free fed <input type="checkbox"/> | Meal fed <input type="checkbox"/> |
| 3. Have you noticed any changes to your pet's appetite? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you feed your pet treats? If so, what and how many? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Does your pet get human food? If so what and how much? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Has the amount of water being drunk increased over the last year? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Does your pet vomit or eat grass? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Hygiene

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does your pet use a litter tray? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Have you noticed an increase in accidents outside the litter tray? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does your pet urinate freely? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Have you noticed an increase in urination in the last year? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Does your pet produce formed faeces? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Have you noticed any changes with your pets' faeces over the last year? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Does your pet groom itself? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Have you noticed any changes in time spent grooming? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Mental Status

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you noticed your pet sleeping more? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Does your pet cry loudly for no reason? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does your pet appear forgetful or confused? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Does your pet seem dull or depressed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

General Wellbeing

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you noticed any change in your pet's activity level? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Does your pet struggle to jump up and down? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Have you noticed any weight loss recently? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Have you noticed any lack of coordination? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Have you noticed any shaking or tremors? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Have you noticed any changes in sleeping patterns? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Does your pet resent being handled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Does your pet move or get up stiffly? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Do you have any concerns about your pet's health and wellbeing?

Thank you for taking the time to complete this questionnaire so that we can fully assess the health and wellbeing of your Loyal Friend.