



BEACON VETERINARY HOSPITAL

Dog Wellness Checklist/Update

Your Dog's Name _____ Age: _____ Today's Date _____

1. Has your dog's weight changed unexpectedly recently?
 - My dog has lost interest in food and is losing weight
 - My dog is being fed the same amount but is losing weight
 - My dog is eating the same amount but is gaining weight
 - My dog is eating more and gaining weight
 - My dog's weight has not changed recently

2. Have you noticed any recent changes in your dog's water consumption?
 - My dog seems to be thirstier and drinks more water
 - My dog appears to drink less water than before
 - My dog drinks the same amount of water as always

3. Have you noticed any of the following characteristics in your dog's stool?
 - Fresh blood and/or mucus
 - Black, tarry color
 - An unformed and/or watery stool
 - Rice-like white specks on stool that sometimes move
 - Nothing unusual

4. Have you notice any changes in your dog's urination habits?
 - My dog urinates more frequently than before
 - My dog seems to strain to urinate
 - My dog's urine is dark
 - My dog urinates in inappropriate places
 - My dog's urine has blood in it
 - Nothing unusual

5. How would you describe your dog's skin/coat?
 - My dog's coat is dull or scaly
 - My dog has sores on the skin or oily skin
 - My dog's skin is red
 - My dog has lumps on the body
 - My dog's coat is smooth/ shiny and skin is flesh colored

Over, please →

6. Have you noticed your dog licking more around the anal area?

No

Yes

7. Have you noticed your dog scooting?

No

Yes

8. Does your dog seem to be scratching excessively in any of the following areas?

Around the ears

All over the body

My dog scratches only occasionally

9. How would you describe your dog's activity level?

My dog is inactive and/or depressed

My dog is active but walks with stiffness, pain or difficulty

My dog is active and walks without difficulties

10. Does your dog show any of these behaviors?

Aggressive towards other people

Aggressive towards other animals

Destructive behaviors such as chewing or destroying objects

None of the above

11. Does your dog have an odor coming from the ears, excessive ear wax and/or excessive head shaking?

No

Yes

12. Is your dog spayed or neutered?

No

Yes

13. Is your dog on heartworm prevention?

No

Yes

14. Is your dog on flea and tick prevention?

No

Yes

15. What brand of food is your dog eating? _____

Dry

Wet

16. Does your dog spend the majority of the time inside the home or outside?

Inside

Outside

17. Any other questions or concerns regarding your dog? _____
