

Celebrate Seniors!

Please take a few moments to review the following age chart and complete the checklist below so we can review your pet's health together. This will help us uncover any hidden health issues your pet may have.

How old is your pet, really?

Feline		Canine				
age	weight	age	weight			
	0-20		0-20	20-50	50-90	>90
1	7	1	7	7	8	9
2	13	2	13	14	16	18
3	20	3	20	21	24	26
4	26	4	26	27	31	34
5	33	5	33	34	38	41
6	40	6	40	42	45	49
7	44	7	44	47	50	56
8	48	8	48	51	55	64
9	52	9	52	56	61	71
10	56	10	56	60	66	78
11	60	11	60	65	72	86
12	64	12	64	69	77	93
13	68	13	68	74	82	101
14	72	14	72	78	88	108
15	76	15	76	83	93	115
16	80	16	80	87	99	123
17	84	17	84	92	104	131
18	88	18	88	96	109	139
19	92	19	92	101	115	
20	96	20	96	105	120	
21	100	21	100	109	126	
22	104	22	104	113	130	
23	108	23	108	117		
24	112	24	112	120		
25	116	25	116	124		

Charts courtesy of Fred L. Metzger, DVM, DABVP



Using the chart on the left, locate and circle the applicable age for your pet.

Name _____

Age _____ years

Weight _____ lb

COLOR KEY

- adult
- senior
- geriatric

Is your pet acting his or her age?

We'd like to know if you've noticed any subtle changes in your pet's behavior or physical abilities.

Using the list at the right, please check any signs that apply.

Is Your Pet...?

- | | Yes | No |
|--|--------------------------|--------------------------|
| Just not himself/herself | <input type="checkbox"/> | <input type="checkbox"/> |
| Interacting less often with family | <input type="checkbox"/> | <input type="checkbox"/> |
| Responding less often or less enthusiastically | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing in behavior/activity level | <input type="checkbox"/> | <input type="checkbox"/> |
| Having difficulty climbing stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| Having difficulty jumping | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibiting signs of increased stiffness or limping | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking more often | <input type="checkbox"/> | <input type="checkbox"/> |
| Urinating more often | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing eating patterns | <input type="checkbox"/> | <input type="checkbox"/> |
| Noticeably gaining or losing weight | <input type="checkbox"/> | <input type="checkbox"/> |

Is Your Pet...?

- | | Yes | No |
|---|--------------------------|--------------------------|
| Losing housetraining habits | <input type="checkbox"/> | <input type="checkbox"/> |
| Changing sleeping patterns | <input type="checkbox"/> | <input type="checkbox"/> |
| Confused or disoriented | <input type="checkbox"/> | <input type="checkbox"/> |
| Experiencing changes in haircoat, skin, or new lumps or bumps | <input type="checkbox"/> | <input type="checkbox"/> |
| Scratching more often | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibiting bad breath/red or swollen gums | <input type="checkbox"/> | <input type="checkbox"/> |
| Showing tremors or shaking | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | |
| _____ | | |
| Diet currently feeding: _____ | | |
| _____ | | |

Notes: _____

