

Health Inventory List

Inventory Item	Comments
1. What is your pet's general demeanor?	
2. Has his level of activity changed? Has his interest in playing changed? Does he tire more easily?	
3. Does he sleep through the night?	
4. Are his eyes bright or dull? Does he have a discharge from his eyes? What color is the discharge?	
5. Does he hug the wall or the furniture when he walks?	
6. Has his hearing changed?	
7. Has he become more vocal or less vocal?	
8. Does he paw at his ears?	
9. Does he scratch his head, muzzle, or ears on the carpet or furniture?	
10. Is he overweight? Underweight? Has there been an unexplained weight change?	
11. Has his appetite changed?	
12. Is he drinking more or less water than usual?	
13. Does he have a cough? What does it sound like?	
14. Does he have vomiting, diarrhea, constipation?	
15. Does he drag his bottom or scoot his rear across the grass or carpet?	

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16. What is the condition of his coat? Is it dull? Lifeless? Dry? Shiny? Are there bare or bald spots? Has his coat thinned? If it has thinned, is the thinning all over or just in certain areas?	
17. Has he been scratching? Is he scratching all over or in one particular spot? Does he scratch only during certain times of the year or only under certain conditions?	
18. What is the condition of his nails?	
19. Are there any unusual or unpleasant odors from his mouth, ears, skin?	
20. Is he alert and listening to you?	
21. Is he having more accidents (urine or feces) than usual?	
22. Does he appear to be in pain? Does he back away when you try to touch him in certain places? Does he growl when you touch him? Is he favoring or guarding a part of his body?	
23. Has there been a recent injury?	
24. Are his movements smooth? Does he favor one paw or leg over the others? When he moves, is his reach even on the left and right sides?	
25. Does he show stiffness in his joints? Does he have difficulty lying down or getting up?	
26. Does he hold his head erect and straight?	