IS THIS JUST OLD AGE?

Printable Companion Tools for Senior Dog Care

Track meaningful changes. Prepare for veterinary visits.
Plan before a crisis.

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CROWE'S NEST PRODUCTIONS

PREVENTION · EMERGENCY SIGNS · 7-DAY TRACKER · VET VISIT · MEDICATION · QUALITY OF LIFE · BACKUP CARE

These worksheets are designed to help you turn observations into useful information without turning everyday life with your dog into constant monitoring. Use only the pages that are helpful. A short, accurate record of a meaningful change is usually more useful than pages of data collected without a clear reason.

Important: These tools do not replace veterinary care. If your dog develops an emergency sign, seek care rather than delaying to complete a worksheet, take a photograph, collect a sample, or continue monitoring.

Companion to Is This Just Old Age?

Download or reprint these tools at
ThomasAnthonyBooks.com/seniordog

Senior-Dog Healthspan & Prevention Checklist

Simple habits that can help protect comfort, mobility, function, and quality of life as your dog ages.

Use this page once a month, or whenever your dog's routine or health changes. You do not need every box to be perfect. The goal is to notice trends early and identify one or two practical improvements at a time.

Dog: _____ **Month / Date:** _____

Body & Muscle

- [ ] Weight has been checked recently
- [ ] Body shape still looks familiar from above and from the side
- [ ] Ribs, waist, spine, hips, shoulders, and thighs have been visually reviewed
- [ ] No obvious new muscle loss is developing over the hips, thighs, shoulders, or spine
- [ ] Food amount still matches current activity and body condition
- [ ] Diet has been reviewed with the veterinarian if weight, appetite, activity, or health needs have changed

> *Remember: A dog can gain body fat while losing muscle. Weight alone does not tell the whole story.*

Movement & Mobility

- [ ] Daily movement is still comfortable and appropriate for my dog
- [ ] No new stiffness, hesitation, limping, slipping, or difficulty rising
- [ ] Walk length and pace still match current stamina
- [ ] Nails and paw condition are being maintained
- [ ] Main walking areas have good traction
- [ ] Stairs, furniture, and vehicle access are safe
- [ ] A ramp, step, harness, or other support has been added where it would reduce unnecessary strain

> *The goal is not to prove that an older dog can still do what they did when younger. The goal is to preserve comfortable movement for as long as possible.*

Mouth & Eating Comfort

- [ ] Teeth and gums have been visually checked when safe to do so
- [ ] No new or worsening bad breath
- [ ] No dropped food, one-sided chewing, or avoidance of harder foods
- [ ] Eating speed and enthusiasm remain close to normal
- [ ] No new drooling, pawing at the mouth, bleeding, or facial swelling
- [ ] Dental health has been discussed at routine veterinary visits

> *Changes in eating behavior can be one of the earliest visible signs that the mouth is uncomfortable.*

Home & Daily Comfort

- [ ] Water is easy to reach without difficult stairs or long walks
- [ ] Food bowls are accessible and comfortable to use
- [ ] Favorite sleeping areas are easy to enter and leave
- [ ] Flooring provides traction where my dog walks most often
- [ ] Nighttime routes are clear and well lit
- [ ] Unsafe stairs, pools, slippery areas, or fall hazards are blocked or supervised
- [ ] Toileting areas are easy to reach
- [ ] Bedding supports the body without making it difficult to stand

Senior-Dog Healthspan & Prevention Checklist

continued

Dog: _____ **Month / Date:** _____

Preventive Veterinary Care

- [ ] My dog's next senior veterinary visit is scheduled or planned
- [ ] Weight and body condition are being tracked
- [ ] Muscle condition has been discussed or assessed
- [ ] Teeth and mouth are examined during veterinary visits
- [ ] Screening bloodwork and urinalysis have been discussed
- [ ] Blood pressure, thyroid testing, or other screening has been discussed when appropriate
- [ ] Vaccination and parasite-prevention plans remain appropriate for current age, lifestyle, travel, and health
- [ ] Current medications and supplements have been reviewed with the veterinary team
- [ ] I know what changes my veterinarian most wants me to watch for

Quality of Daily Life

- [ ] My dog still chooses activities they enjoy
- [ ] Comfortable sleep remains possible
- [ ] Eating and drinking remain enjoyable and manageable
- [ ] Bathroom needs can be met without repeated distress
- [ ] My dog can still comfortably interact with familiar people, animals, or surroundings
- [ ] Assistance such as ramps, lifting, medication, or modified activities is still giving something useful back
- [ ] Any new changes in curiosity, connection, confidence, or recovery have been noted.

Monthly Snapshot

This month, the thing my dog is doing best is:

_____

_____

The change I want to watch more closely is:

_____

_____

One thing I can improve at home this month:

_____

_____

One question I want to ask the veterinary team:

_____

_____

Prevention does not mean preventing aging.

It means maintaining a healthy body condition, preserving muscle and comfortable movement, keeping the mouth and home environment supportive, establishing useful veterinary baselines, and noticing small changes before they become large ones.

If something new is persistent, worsening, painful, disruptive, or accompanied by other changes, use the guidance in Is This Just Old Age? rather than waiting for the next monthly check.

Emergency Symptom Guide

When Waiting Is Not the Safe Choice

GO TO EMERGENCY CARE NOW

- **Difficulty breathing, including obvious abdominal effort, struggling for air, or inability to lie comfortably**
- **Blue, gray, or purple gums or tongue**
- **Collapse, loss of consciousness, or inability to respond normally**
- **Sudden inability to stand or use one or more limbs**
- **Repeated attempts to urinate with little or no urine produced**
- **A seizure lasting more than five minutes, repeated seizures close together, or failure to recover normally afterward**
- **A suddenly swollen or tight abdomen, particularly with repeated unsuccessful retching, severe restlessness, weakness, or collapse**
- **Heavy or uncontrolled bleeding**
- **Severe or rapidly worsening distress**

CALL YOUR VETERINARIAN TODAY

- Significant or rapidly worsening pain
- Repeated vomiting or inability to keep water down
- Black, tarry stool or substantial blood in stool
- Blood in the urine
- Repeated straining to urinate or defecate
- Sudden disorientation or major change in awareness
- Rapidly worsening coordination or repeated falls
- New marked weakness
- Significant facial swelling
- New difficulty swallowing
- Persistent distress that prevents comfortable rest

When you are unsure: Call your veterinary clinic or nearest emergency hospital and describe exactly what you are seeing.

Do not delay urgent care to finish this sheet.

My Emergency Contacts

Regular veterinary clinic _____ **Phone** _____

Emergency veterinary hospital _____ **Phone** _____

Seven-Day Change Tracker

Use this page for a new change that is safe to observe while waiting for an appointment, or when your veterinary team asks you to track a pattern. Stop monitoring and contact the veterinary team sooner if the change worsens or develops an urgent warning sign.

Dog: _____ **Week beginning:** _____

Change being tracked: _____ **Change #:** _____

Day / Time	What Happened	Severity Mild / Mod / Severe	Trigger / Pattern / Other Changes
Day 1 _____			
Day 2 _____			
Day 3 _____			
Day 4 _____			
Day 5 _____			
Day 6 _____			
Day 7 _____			

At the End of the Week

Overall: ☐ Better ☐ About the Same ☐ Worse

Photos or videos available: ☐ Yes ☐ No

Most consistent pattern

_____

_____

Biggest effect on normal life

_____

_____

Other symptoms that appeared with it

_____

_____

What I most want the veterinarian to know

_____

_____

Preparing for a Veterinary Appointment

You do not need to arrive with a diagnosis. Arrive with a clear description of what changed.

The Main Change

What changed?

_____

_____

When did it begin? _____

Sudden or gradual? ☐ Sudden ☐ Gradual

Constant or intermittent? ☐ Constant ☐ Intermittent

Better, stable, or worsening? ☐ Better ☐ Stable ☐ Worsening

What Else Has Changed?

Appetite _____ **Drinking** _____

Urination or stool _____ **Weight** _____

Mobility _____ **Sleep** _____

Breathing _____ **Behavior** _____

Bring or Have Available

- ☐ Current medications and supplements, including dose and frequency
- ☐ Relevant photos or short videos
- ☐ Recent weight information if available
- ☐ A completed seven-day tracker when useful
- ☐ Notes about appetite, water, bathroom habits, sleep, or mobility when relevant

Before You Leave the Appointment, Ask

1. What are the most important possibilities you are considering?
2. What are we trying to improve first?
3. How soon should I expect improvement?
4. What should I watch for at home?
5. What would make this a same-day or emergency problem?
6. When should we recheck?

MY TOP THREE QUESTIONS

1. _____
2. _____
3. _____

Next step / recheck date _____

Before Starting a New Medication

Good medication use depends on understanding not only what to give, but what the medication is supposed to accomplish.

Questions to Ask

- ☐ **1.** Why is my dog taking this medication?
- ☐ **2.** What improvement should I be able to see?
- ☐ **3.** How soon should it begin helping?
- ☐ **4.** How much do I give, and how often?
- ☐ **5.** Should it be given with food?
- ☐ **6.** What should I do if I miss a dose?
- ☐ **7.** What should I do if my dog vomits or spits out a dose?
- ☐ **8.** What side effects should I watch for?
- ☐ **9.** Which reactions mean I should call immediately?
- ☐ **10.** Could it interact with another medication or supplement my dog receives?
- ☐ **11.** Will bloodwork, urine testing, blood-pressure checks, or another type of monitoring be needed?
- ☐ **12.** How long should my dog take it, and should it ever be stopped suddenly?

Medication Snapshot

Medication _____ **Dose** _____

Schedule _____ **With food?** ☐ Yes ☐ No

Start date _____ **Prescriber** _____

Purpose _____

Improvement we hope to see _____

Important side effects _____

Recheck or monitoring plan _____

If a dose is missed, vomited, or refused

_____

_____

Keep veterinary medications in their labeled containers, follow prescribed directions, and do not give human medications or another animal's medication unless your veterinarian specifically instructs you to do so.

Weekly Quality-of-Life Review

Quality of life is not defined by one symptom or one exceptionally good or bad moment. Look at the pattern of the whole week. This is an observation aid, not a diagnostic test or an automatic euthanasia score.

Dog: _____ **Week beginning:** _____

AREA	COMFORTABLE	MIXED	DIFFICULT
Pain and physical comfort	☐	☐	☐
Breathing at rest	☐	☐	☐
Appetite and drinking	☐	☐	☐
Mobility	☐	☐	☐
Toileting and hygiene	☐	☐	☐
Restful sleep	☐	☐	☐
Social connection	☐	☐	☐
Interest and enjoyment	☐	☐	☐
Recovery after difficult episodes	☐	☐	☐

Good days: _____ **Mixed days:** _____ **Difficult days:** _____

What Still Brings Joy?

1. _____

2. _____

3. _____

4. _____

5. _____

Consider familiar people, food, outdoor smells, gentle walks, lying in a favorite place, rides, play, grooming, watching the yard, or simply resting near the family.

One change I want to discuss with my veterinary team

_____

_____

Quality of Life, Caregiver Capacity, and Planning

Compared With Four Weeks Ago

☐ Better ☐ About the Same ☐ Worse

The biggest improvement

The biggest decline

Something my dog can still enjoy with adaptation

Something my dog can no longer comfortably enjoy

Caregiver Check

Senior-pet care can require substantial time, money, sleep, patience, emotional energy, and physical stamina. Those limits are part of the care plan, not something that has to be hidden from the veterinary team.

☐ Nighttime sleep
☐ Medication schedule
☐ Transportation
☐ Missing work or other responsibilities
☐ Emotional strain
☐ Lifting or physical assistance
☐ Toileting or cleanup
☐ Veterinary costs
☐ Finding backup care
☐ Fear of managing the next crisis

The part of care that is becoming hardest to sustain

The change that would make tomorrow easier or safer

Support I need this week

A QUESTION WORTH ASKING

If my dog's needs increase from here, what will the next level of care actually require?

Emergency and Backup-Care Information

Complete this page before you need it. Keep it somewhere another caregiver can find quickly.

My Dog

Name **Age** **Breed** **Weight**

Important medical conditions

Current medications

Known drug reactions or allergies

Regular Veterinary Clinic

Clinic

Veterinarian

Phone

Emergency Veterinary Hospital

Hospital

Phone

Address

Approximate drive time

Backup Caregiver

Name

Phone

This person knows how to:

- ☐ Give routine medication
- ☐ Assist with toileting
- ☐ Transport the dog safely
- ☐ Reach me in an emergency
- ☐ Feed and provide water
- ☐ Use the dog's harness or sling
- ☐ Contact the veterinary clinic

Anything this person needs to know immediately

Food and feeding instructions

Where medications are kept

Where harness, sling, ramp, or carrier is kept

My Current Emergency Plan

If my dog cannot walk, I will transport them by

If a crisis occurs after hours, I will call / go to

Important instructions already provided by my veterinarian