MATURE ADULT:
FROM COMPLETION OF PHYSICAL AND SOCIAL MATURATION UNTIL THE LAST 25% OF ESTIMATED LIFESPAN (BREED- AND SIZE-DEPENDENT)

General (PE and Consultation)
☐ Address the special needs of working/service dogs.
☐ Recommend regular veterinary examinations and appropriate diagnostics (every 6 to 12 months).
☐ Educate owners on signs of early orthopedic disease and osteoarthritis (OA). Collect pet owner observations of mobility and activity at home. Evaluate for the presence and stage of OA during PE.

Pet Lifestyle and Safety Risk Assessment
Covered in the “All Stages” section.

Zoonoses and Human Safety
Covered in the “All Stages” section.

Behavior
☐ Conduct a routine evaluation for cognitive changes and anxiety/phobias.
☐ Ask open-ended questions regarding behaviors that often result in relinquishment or euthanasia (e.g., house training, separation anxiety, unruly behaviors, aggression, social relationships).
☐ Recommend continued training classes for behavior, socialization, and wellbeing.
☐ Educate on selecting appropriate trainers.
☐ Encourage adult training and active lifestyle based on the individual.

Nutrition
☐ MCS is especially important to evaluate as it pertains to mobility in aging dogs.
☐ Emphasize weight control and benefits to overall health. Discuss the ideal weight and muscle condition for the patient.

Parasitology
☐ Continue year-round control for intestinal parasites.
☐ Perform fecal examination for intestinal parasites 1 to 4 times per year depending on lifestyle and use of preventives.
☐ Continue heartworm preventive throughout all life stages.
☐ Continue testing annually for heartworm and tick-borne infections.
☐ Continue year-round flea and tick control based on risk assessment.
☐ Discuss zoonotic potential for external parasites in all life stages.
**Vaccinations**

☐ Continue core vaccines per current guidelines:
  - Distemper, Adenovirus-2, Parvovirus, +/- Parainfluenza: Administer a single dose of a combination vaccine within 1 year following the last dose in the initial vaccination series. Administer subsequent boosters at intervals of 3 years or longer.
  - Rabies: Administer a single dose of vaccine. In most states and provinces, veterinarians are allowed discretion in administering either a 1-year or a 3-year labeled rabies vaccine.
    - The interval between subsequent doses is determined by the product label of the last vaccine dose administered (i.e., either 1 year or 3 years). For state-specific information on rabies immunization and law, visit rabiesaware.org.

☐ Continue appropriate noncore vaccines per current guidelines, and re-evaluate lifestyle and exposure risk:
  - *Bordetella bronchiseptica, Borrelia burgdorferi, Influenza (H3N8, H3N2), Leptospira (4-serovar): Where risk of exposure is sustained, administer a single dose 1 year following completion of the initial 2 doses, and annually thereafter.

☐ Consider antibody titer testing for the purpose of determining protection from infection from canine distemper virus, canine parvovirus, and canine adenovirus-2.

☐ The frequency of antibody testing should be based on clinical judgement, but it is reasonable to perform antibody testing at least as often as the interval of booster vaccination.

**Dentistry**

☐ Evaluate the progression of any periodontal disease.
☐ Perform conscious and unconscious oral evaluation as indicated.
☐ Recommend full-mouth radiographs, dental cleaning/polishing, charting, and scoring per AAHA Dental Care Guidelines for Dogs and Cats.

**Reproduction**

☐ For intact animals, discuss the hazards of roaming, appropriate breeding frequency, genetic counseling, and breeding ages (start and finish). Consider Brucellosis testing. Evaluate reproductive health, including prostate, testes, and mammary gland. Obtain history of female dog heat cycles.

**Breed-Specific Screening**

☐ Discuss inherited disorders for all dogs in which breeding is being considered.
☐ Screen for neoplasia risk, renal, hepatic, endocrine, and cardiovascular abnormalities.