



Pet's Name: _____ Date: _____

Our goal is to provide your pet with the best health care possible.
Please give us a better insight into your dog's lifestyle by completing this short questionnaire.

My dog spends most of his/her time:

- Indoors
- Outdoors Fenced Yard
- Loose on Farm
- In and Out

Have you seen wildlife (raccoons, opossums, rats, mice, foxes or skunks) anywhere your dog spends time outdoors?

- Yes Please Explain: _____
- _____
- No

My dog comes in contact with other pets...

- Yes While at home
- While at dog shows
- While at pet stores
- While boarded at a kennel
- While professionally groomed
- While bathed
- While at a dog park
- No

My dog comes in contact with children:

- Yes
- No

What do you feed your dog?

If you offer table food, list examples.

Which best describes your dog's weight?

- Too thin
- Normal weight
- Gained a few pounds
- Needs to lose weight

Which best describes your dog's breath

(please choose one):

- Not bad for a dog's breath
- Unpleasant
- Really bad (needs mouthwash)

Which best describes your dog's water consumption?

- Same as last year
- More than last year

Please check any of the conditions that your pet has experienced:

- Eye discharge
- Skin growth
- Change in appetite
- Vision problems
- Change in weight
- Leaking or dribbling urine
- Hair loss
- Sneezing
- Change in behavior
- Fleas or ticks
- Frequent urination
- Increased thirst

Is your dog experiencing stiffness when rising, or pain when going up or down stairs?

- Yes
- No

Is your dog receiving any medications, other than ones dispensed from this hospital?

- Yes (please list) _____
- _____

- No

Is your dog currently on heartworm preventative?

- Yes (please list) _____
- _____

- No

Is your dog currently on flea and tick prevention?

- Yes (please list) _____
- _____

- No

Do you need medication refills?

- Yes (please list) _____
- _____

- No

Please note any questions or topics you would like to discuss.

