

Date _____

Your Name _____

Phone number _____

Email address _____

Pet's Name _____

Age _____ (yrs., mos, wks)

Weight _____ lbs

1. Food (brand name, wet, dry, combo, amount, how often):

Treats (brands, how many, how often, table food):

2. Home dental care (brushing, chewing, treats, water additive, how often):

3. Preventatives, Medications, and Supplements. Please list them below and the current dose you are giving.
(Heartgard, Frontline, Nexgard, CBD oil, essential oils, glucosamine, fish oil, prescription medications)

4. Do you have other pets? If yes, are they currently vaccinated and on heartworm and flea prevention?

No Yes Please list other pets below.

5. Does your dog go outside:
 Outdoor Dog Fenced yard Daily for Bathroom/Walks 50:50 Indoor/Outdoor
 Farm Wooded area Swimming

6. Does your dog:
 Board Groom Dog Parks Obedience/Training Classes
 Contact Neighborhood Dogs Hunt Go to the cabin

7. Have you noticed any lumps or bumps on your dog? None Yes How long have they been there?
Have they changed or stayed the same?

8. Have you noticed any of the following and elaborate below:

<input type="checkbox"/> Coughing or Labored Breathing	<input type="checkbox"/> Limping	<input type="checkbox"/> Lethargy
<input type="checkbox"/> Increased Thirst	<input type="checkbox"/> Increased Urination	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Change in Behavior	
<input type="checkbox"/> Itching/Scratching	<input type="checkbox"/> Other	

9. Does your dog have any behaviors you wish you could change? No Yes

10. Are there any health issues you would like to discuss with the doctor? No Yes