

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: __ Daily for Bathroom/Walks __ 50:50 Indoor/Outdoor
__ Outdoor Dog __ Fenced yard __ 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:

__Coughing or Labored Breathing __Limping __Lethargy
__Increased Thirst __Increased Urination __Diarrhea
__Vomiting __Change in Behavior
__Itching/Scratching __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