Canine Patient Information

Pet's Name: ____________________

Owner Name: ____________________

Sex: ❐ **Male** ❐ **Female** **Neutered/Spayed:** ❐ **Yes** ❐ **No**

Date of Birth: ____________________
Give approximate age if unknown.

Breed: ____________________

Vaccination	Date Last Vaccinated	Where Vaccinated
Rabies		
Distemper-Parvo Combo		
Leptosporosis		
Bordetella		
Canine Influenza		
Other:		
Other:		

Where did you obtain your pet? ____________________

Any recent medical concerns for your pet?____________________

Does your pet have any chronic ailments?____________________

Does your pet have any allergies or history of vaccination/medication reactions?____________________

Prior surgeries:____________________

Does your pet take any medications/supplements?____________________

What do diet do you feed your pet? ____________________ ❐Wet ❐Dry

Do you give your pet treats? ❐Yes ❐No What kind?____________________

Do you give your pet human food ❐Yes ❐No What kind?____________________

Has your pet had bloodwork/urinalysis in the past 2 years? ❐Yes ❐No When?____________________

Has your pet ever had his/her teeth cleaned? ❐Yes ❐No When?____________________

Has your pet been tested for heartworm? ❐Yes ❐No When?____________________

Do you give your pet heartworm preventative? ❐Yes ❐No Last Dose Given?____________________

Product Used: ❐Interceptor ❐Heart Guard ❐Tri Heart ❐Other:____________________

Do you use a flea/tick/lice preventative regularly or when traveling? ❐Yes ❐No

Product Used: ❐Frontline ❐Advantix ❐Advantage ❐Revolution ❐Other: ____________________

Has your pet had a fecal examination (parasite check) in the past 2 years?
❐Yes ❐No When?____________________

Are there children under age 10 or immune-compromised persons in the household? ❐Yes ❐No

(over)

CANINE HISTORY AND RISK FACTOR EVALUATION

For us to evaluate your dog it is very important that you are his/her voice. We'll use this information to evaluate your dog's health and individualize the care your dog receives, including vaccinations and examinations. Please answer yes or no to the following questions to describe your dog's lifestyle.

My dog:

Is taken for walks.	❒ Yes	❒ No
Spends most of the time in our yard/house	❒ Yes	❒ No
Is taken to parks for exercise and play	❒ Yes	❒ No
Goes camping with us	❒ Yes	❒ No
Goes hiking in the mountains	❒ Yes	❒ No
Travels to other states	❒ Yes	❒ No
Is taken to groomers	❒ Yes	❒ No
Occasionally goes to Petsmart or PetCo	❒ Yes	❒ No
Is taken to the country or farm	❒ Yes	❒ No
Is taken to boarding kennels when we are on vacation	❒ Yes	❒ No
Is taken to outdoor community events	❒ Yes	❒ No
Is taken to community vaccination clinics	❒ Yes	❒ No
Is sometimes visited by or visits other dogs	❒ Yes	❒ No
Attends obedience or training classes	❒ Yes	❒ No
Participates in competitive events, i.e. dog shows	❒ Yes	❒ No
Is used for hunting	❒ Yes	❒ No
Is kept in a yard with an electric fence	❒ Yes	❒ No

Please answer the following questions to the best of your knowledge.

Appetite	❒ Decreased	❒ Increased	❒ Normal
Weight	❒ Loss	❒ Gain	❒ Stable
Water Consumption	❒ Decreased	❒ Increased	❒ Normal
Bowel Movements	❒ Constipated	❒ Normal	❒ Diarrhea
Urination	❒ Decreased	❒ Normal	❒ Increased Frequency/Amount
Scratching	❒ Yes	❒ No	Location________________________________
Unusual Lumps/Bumps	❒ Yes	❒ No	Location________________________________
Unusual discharge	❒ Yes	❒ No	Location________________________________
Lameness	❒ Yes	❒ No	Which Leg ❒ RF ❒ LF ❒ RR ❒ LR
Incontinence (Loss of Housetraining)	❒ Yes	❒ No	
Vomiting	❒ Yes	❒ No	
Coughing	❒ Yes	❒ No	
Sneezing	❒ Yes	❒ No	
Gagging	❒ Yes	❒ No	
Listlessness	❒ Yes	❒ No	
Weakness	❒ Yes	❒ No	
Shaking Head	❒ Yes	❒ No	
Eye Discharge	❒ Yes	❒ No	
Ear Odor/Discharge	❒ Yes	❒ No	
History of Previous Ear Infections	❒ Yes	❒ No	
Significant Hair Loss	❒ Yes	❒ No	
Scooting	❒ Yes	❒ No	
Bad Breath	❒ Yes	❒ No	
Difficulty Eating/Drinking	❒ Yes	❒ No	
Difficulty Rising	❒ Yes	❒ No	
Behavioral Changes	❒ Yes	❒ No