



Canine Patient Information Sheet

What is your reason for this appointment today?

When and where did your dog last receive vaccinations?

Is your dog currently receiving heartworm preventive medication? YES / NO

If yes, which product?

Last application?

Is your dog currently receiving flea/tick preventive medication? YES / NO

If yes, which product?

Last application?

Does your dog swim? YES / NO

If yes, where?

Please describe your dog's lifestyle in regards to staying indoors or outdoors.

Does your dog board? YES / NO

Does your dog get groomed? YES / NO

Does your dog ever go hunting? YES / NO

Is your dog spayed (female) / neutered (male)?

What food(s) does your dog eat?

What human foods does your dog eat?

Besides flea/tick/heartworm preventive, what other medications is your dog currently receiving?

Describe any exercise that your dog receives and how often.

Does your dog have a microchip? YES / NO

Are you having any behavioral problems at home with your dog? YES / NO

If yes, please describe.

Besides spay/neuter, has your dog had any other previous surgeries? YES / NO

If yes, please describe.

Please provide your e-mail address and best phone number for us to communicate with you in regards to your appointment today.

Email:

Phone number: