



Patient Information- Dog

Dog's Name: _____ Dog's birth date: _____
Breed: _____ Color/Pattern: _____
Gender: Male Female Neutered/Spayed: Yes No
Where was your dog acquired? _____ At what age? _____

Nutrition and Lifestyle:

- Current daily diet (please specify brand/type of food) _____
- Amount fed _____ cups or cans _____ times a day
- Treats/bones/rawhides _____
- Supplemental food (fresh or home-cooked foods, raw, junk food, people food etc.) _____
- _____
- What percentage of your dog's daily ration are supplemental foods? _____
- Nutritional supplements, vitamins (please specify) _____
- _____
- How is your dog exercised? _____ Hours per week _____

Does your dog have exposure to:

- Dog parks Grooming Pet day care Boarding Off leash hiking
 Standing water sources (ponds, creeks, swimming) Wildlife

Wellness Care: Give dates of latest immunizations for any or all of the following (if known):

Distemper/Parvovirus/Hepatitis _____ Rabies _____
Bordetella (kennel cough) _____ Leptospirosis _____
Most recent heartworm test _____
Monthly heartworm preventative? Yes No If so, last dose given when? _____

Medications and Medical History:

Prescription Medications (please specify): _____

Herbal or non-prescription medications (please specify): _____

Briefly explain current or past medical or surgical problems, please specify dates:

May we request medical records from your veterinarian? Yes No

If so, please supply the name, address and telephone number of your previous veterinarian if possible, or supply medical records yourself.

Do you have **Pet Insurance** for your dog? Yes No

If so, we may be able to help you electronically file insurance claims for care provided here. If this is something you would be interested in, please provide us your Pet Insurance company name and your dog's Policy Number:

Insurance Company _____

Policy Number _____