

# CANINE PATIENT INFORMATION

Thank you for taking the time to provide us with information about your dog.



Client Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Sex:  Male  Female Neutered/Spayed?  Yes  No

Breed: \_\_\_\_\_ Coat Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If unknown, approximate age: \_\_\_\_\_

Has your dog had bloodwork/urinalysis in past 2 years?  No  Yes When? \_\_\_\_\_

Has your dog ever had its teeth cleaned?  No  Yes When? \_\_\_\_\_

Does your dog have any chronic ailments? \_\_\_\_\_

Prior surgeries? \_\_\_\_\_

Does your dog take any medications? \_\_\_\_\_

What diet do you feed your dog? \_\_\_\_\_  Wet  Dry

Do you give your dog treats?  No  Yes What? \_\_\_\_\_

Do you give your dog human food?  No  Yes What? \_\_\_\_\_

Method of flea prevention used:  None  Frontline  Advantage  Other: \_\_\_\_\_

Is your dog licensed? # \_\_\_\_\_ Microchipped? # \_\_\_\_\_

Do you hike or travel with your dog?  No  Yes Where? \_\_\_\_\_

Where did you obtain your dog? \_\_\_\_\_ When? \_\_\_\_\_

Has your dog been tested for heartworm?  No  Yes When? \_\_\_\_\_

Do you give your dog heartworm preventative?  No  Yes

Has your dog had a fecal exam (parasite check) in the past two years?  No  Yes

Please share your dog's vaccine history with us:

Vaccine	Date Vaccinated	Clinic Name
Rabies		
Distemper-Parvovirus		
Corona		
Bordatella		
Other:		
Other:		