



Pet's Name: _____ **Owner's Name:** _____ **Date:** _____

My dog spends most of the time:

Always Indoors Mostly Indoors
 Always Outdoors Mostly Outdoors

Do any of the following apply to your dog?

Camping Hunting / Hiking
 Groomed Goes to the farm
 Boarded Goes to dog parks

Has your dog been tested for heartworms in the past year?

Yes No Not Sure

What preventatives are you using?

Heartworm: _____

Flea: _____

What day of the month are the preventatives given? _____

Do you need a refill on prevention?

Yes No

Has the heartworm preventative been administered every month on a year round basis?

Yes No Not Sure

If no, then how many months of heartworm preventative have been missed?

1-2 Months 3+ Months Not Sure

Is your pet receiving any medications other than ones dispensed from this hospital?

Yes (please list) _____

No

Which best describes your dogs breath?

Not bad for a dog's breath

Unpleasant

Really bad (needs mouthwash)

What kind of dental care are you administering at home? _____

What do you feed your dog? _____

How much: _____

If you offer table food, list examples:

Please check any conditions that your dog has experienced lately:

Fever Diarrhea

Poor hair coat Weight change

Gingivitis Vomiting

Itchy skin Tender areas

Lethargic Scoot / lick rear

Eating changes Accidents in house

Coughing Shortness of breath

Sneezing Abscesses

Rashes Lumps

Other: _____

Are there any other problems you would like to address?

Yes: _____

No

Would you like to receive your medical reminder through:

Post Office E-Mail

Would you like to receive a quarterly newsletter by E-Mail?

Yes No

Please provide us with your E-Mail address:



