CANINE – DOG Medical Questionnaire

The Human's Information

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Txt Msg ☐ Alt. Phone: _____ Txt Msg ☐
Email: _____
How did you hear about us? _____

The Dog's Information

Name: _____
Age - Years: _____ Months: _____ OR DOB: _____ ☐ Boy or ☐ Girl ☐ Fixed
Breed: _____ Color: _____

Lifestyle

How much time does your dog spend outside? _____ Hours
Does your dog go to the groomer, or boarding facilities, or dog parks? ☐ No ☐ Yes
How many animals do you have in your household? _____ Dogs _____ Cats
_____ Other - Explain _____
Are there any animals in the household that spend the majority of time outdoors? ☐ No ☐ Yes

Medical History

Has your dog ever had any of the following?

Vomiting or Diarrhea? ☐ No ☐ Yes
Coughing or Sneezing? ☐ No ☐ Yes
Discharge from eye(s) or nose? ☐ No ☐ Yes
History of fleas or ticks? ☐ No ☐ Yes
History of seizures, muscle tremors, loss of coordination, or shaking ☐ No ☐ Yes
Reactions to anesthesia, vaccines or other medications? ☐ No ☐ Yes
Is your dog on any medication currently? ☐ No ☐ Yes

Does your dog have any allergies (i.e. foods, drugs)? ☐ No ☐ Yes

When was your dog last vaccinated
Distemper & Parvo-virus combo? _____
Rabies? _____
Kennel Cough (Bordetella)? _____

Is your dog…
on Flea and Tick preventative? ☐ No ☐ Yes
on Heartworm preventative? ☐ No ☐ Yes
Microchipped ☐ No ☐ Yes

SURGERY Specific

Has your dog had any previous surgeries? ☐ No ☐ Yes

For Female Dogs only

Has your dog had a recent heat? ☐ No ☐ Yes
Has your dog had puppies? ☐ No ☐ Yes

Services needed

☐ Distemper/Parvo Combo $20
☐ Rabies $20
☐ Bordetella (kennel cough) $20
☐ Microchip $30
☐ Nail Trim $10-$30
☐ E-Collar $15
To prevent licking of the incision
☐ Deworming $15
☐ Blood work $55-$125
☐ Heartworm Test $27
☐ Lyme, Heartworm & Tick Fever Test $35
☐ IV Catheter and Fluids $30
☐ Or Subcutaneous fluids $15
For support of blood pressure and hydration
☐ Anal Gland Expression $15

PLEASE BRING ANY MEDICAL RECORDS YOU HAVE SO WE MAY HAVE A COMPLETE PICTURE OF YOUR DOG'S HEALTH

FOR OFFICE USE:

Date:	Input ☐ Exam ☐	Wt	Temp	Pulse	Resp.	HAA:	ml	Ket/Val:	Ml	Inv ☐ AL ☐ V ☐