

CANINE – DOG MEDICAL QUESTIONNAIRE

OWNER'S Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Text; Alt. Phone: _____ Text

DOG's Information

Name: _____ Boy or Girl Fixed

Breed: _____ Color: _____

Age in Years: _____ and Months: _____ or DOB: _____

How much time does your dog spend outside? Hours: _____

Does your dog go to the groomer, or boarding facilities, or dog parks? Yes No

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? Yes No

Has the dog ever had any of the following?

Vomiting or Diarrhea? Yes No

Coughing/Sneezing? Yes No

Discharge from eye(s) or nose? Yes No

History of fleas or ticks? Yes No

Seizures/muscle tremors/shaking Yes No

Reactions to anesthesia, vaccines or other medications? Yes No

Is the dog on any medication currently? Yes No

Has the dog had any previous surgeries? Yes No

Any allergies (i.e. foods, drugs)? Yes No

When was the dog last vaccinated for...

● Distemper & Parvo-virus? _____

● Rabies? _____

● Kennel Cough (Bordetella)? _____

● Other Vaccines? _____

Female Dogs only

Has the dog had a recent heat? Yes No

Has the dog had puppies? Yes No

OTHER SERVICES & PRODUCTS

(DA2PP) Vaccination - 25

Leptospirosis - 30

Deciduous/"Baby-Teeth" - 20

Pre-surgery blood testing - 75

Comprehensive blood testing - 135

Supportive fluid therapy:

Subcutaneous fluid therapy - 20

Intravenous (IV) Fluid Therapy - 40

ISO Microchip - 40

Bordetella - 25

Rattlesnake - 35

Rabies - 22

Lyme, Heartworm & Tick Fever Test - 45

Heartworm Test - 30

Nail Trim - 15

E-Collar - 15

Anal Gland Expression - 20

Deworming

Tape Worms - 35

Rounds and Hookworms - 20

FOR OFFICE USE:

Date:	Input <input type="checkbox"/> Exam <input type="checkbox"/>	Wt	Temp	Pulse	Resp.	HAA: <input type="checkbox"/> BAA: <input type="checkbox"/>	ml	Ket/Val:	ml	Inv <input type="checkbox"/> AL <input type="checkbox"/> V <input type="checkbox"/>
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