

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 \$25 Nail Trim \$10 w/surgery LAB TESTS: IV Catheter and Fluids \$30
 Rabies \$20 Blood work \$65 Or Subcutaneous fluids \$15
 Bordetella (kennel cough) \$25 E-Collar \$15 Over 10 years -\$125 For support of blood pressure and hydration
 Rattle Snake Vaccine \$35 To prevent licking of the incision
 Leptosporosis Vaccine \$30 Anal Gland Expression \$15 Heartworm Test \$27
 Microchip \$35 Deworming \$15 Lyme, Heartworm & Tick Fever Test \$45

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

FOR OFFICE USE:

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