

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 ☐

Leptosporosis - 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 ☐

Bordatella - 25 ☐

Rattlesnake - 35 ☐

Rabies - 20 ☐

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