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:

_____