

Confirmed Client Phone Number, Address & E-mail

Date _____

Canine Wellness History Questionnaire

Patient: _____ Client: _____

Sex: M F Altered? Y N Microchipped? Y N Heartworm tested? Y N When? _____

Age _____ Weight _____ Body Condition Score ___/9 Temperature _____ Pulse _____ Respiration _____

Mucous Membrane Color: Pink Pale Icteric Capillary Refill Time _____ seconds

Reason for today's visit: _____

Is there anything you want to discuss with the doctor today? _____

Ongoing problems: _____

Current medications/supplements: _____

Which type of medications are you able to give your dog? Pills Liquids Injections

Diet: Canned _____ Dry _____

How much do you feed? _____ How often do you feed? _____

What kinds of treats / snacks / table scraps / chews do you give your dog? _____

Parasite Prevention: What heartworm preventative do you give your dog? _____

What day of the month do you give your dog's heartworm preventative? _____ Every month? Y N

What flea/tick preventative do you give your dog? _____ How often? _____

Lifestyle: Hunting Dog Agility Dog Groomer Travel Roams

Urine: Normal Increased Decreased Painful Bloody Straining Excessive drinking? Y N

Comments _____

Bowel Movements: Normal Increased Decreased Diarrhea Constipation

Comments _____

Dental Status: Bad breath Sore gums Problems chewing Drooling Decreased appetite

Dental Grade: 1 2 3 4

What dental care do you provide for your dog at home?

Drinking water additive Dental diet Dental chews Oral rinse/gel Brush teeth

Mobility/Activity: Normal Unable to jump Limping Sore Painful Arthritic

Behavior Concerns: Disorientation Aggression Biting House soiling Excess licking

Hair/Coat: Clean/Shiny Dull Dandruff Hair loss Mats Decreased grooming

Are there fleas present? Y N Are there ticks present? Y N

Any bumps or skin masses that the doctor should be aware of? Y N

If yes, where and when was it seen, any changes? _____

Does your dog have any of these symptoms? How long has it been going on? How frequent? Describe.

Coughing/Sneezing: _____

Vomiting: _____

Diarrhea: _____

Lameness (which leg): _____

Itching/Scratching/Chewing Skin: _____

Has your dog been seen elsewhere for medical care since we last saw him/her? Y N

If yes, where and when was your dog seen, any changes? _____

Does your dog need a nail trim today? Y N