Important questions about your pets health

As your pet ages, changes take place that may indicate medical problems. *We are believers in preventing illness rather than treating illness*. Since your pet can't talk to us, please take a moment to tell us about your pet.

Daytime Environment: Indoor Outdoors Crate Apt. Environment

Activities: Breeding Shows Hunting Agility
HikingCamping Swimming Performance

Does your pet go to: Groomer Boarding Training Shows Park

Does your pet have a history of vaccine reactions? ☐ Yes ☐ No
Does your pet have a microchip? ☐ Yes ☐ No
Are there other pets in the household? ☐ Yes ☐ No
Do you plan to get additional pets this year? ☐ Yes ☐ No
Do you give your pet any medications or nutritional supplements? ☐ Yes ☐ No
If yes, list_____
Do you give your pet heartworm prevention? ☐ Yes ☐ No
If yes, list_____Given on _____day of the month.
Have you noticed any changes in food consumption in the last year? ☐ Yes ☐ No
Have you noticed any changes in water consumption in the last year? ☐ Yes ☐ No
Have you noticed any weight loss or gain in the last year? ☐ Yes ☐ No
Have you noticed any activity level or exercise tolerance changes? ☐ Yes ☐ No
Does your pet walk have difficulty walking, stiffness or pain? ☐ Yes ☐ No
Does your pet have any problems hearing? ☐ Yes ☐ No
Does your pet shake its head or scratch its ears? ☐ Yes ☐ No
Are there any lumps or skin lesions? ☐ Yes ☐ No
Is there a flea or tick problem? ☐ Yes ☐ No
Is your pet scratching, chewing or licking itself excessively? ☐ Yes ☐ No
Is your pet scooting or chewing/licking under tail? ☐ Yes ☐ No
Does your pet have eye discharge or red eyes? ☐ Yes ☐ No
Do you clean your pets eyes regularly? ☐ Yes ☐ No
If yes, how often and with what? _____
Does you pet cough, sneeze or have difficulty breathing? ☐ Yes ☐ No
Do you clean your pet's ears regularly? ☐ Yes ☐ No
If yes, how often and with what?_____
Does your pet have seizures or fainting episodes? ☐ Yes ☐ No
Has there been any vomiting? ☐ Yes ☐ No
If yes, how frequently? _____
Has there been any diarrhea? ☐ Yes ☐ No
If yes, when? _____
Is your pet's breath: Pleasant Unpleasant Normal
Do you brush your pets teeth? ☐ Yes ☐ No
If yes, how often?_____
What brand of food are you feeding your pet?_____
How much are you feeding daily?_____
What kind of treats are you giving your pet?_____

Please circle any behavioral changes: **Barking** **Destructiveness** **Chewing**
Aggressiveness House Soiling Disobedience