

Dog Information Sheet



Date

MM

DD

YY

What is the main concern for your dog today?

Owner Name	Last:	First:		
Address				
Phone (preferred number)		Email:		
Dog Name				
Date of Birth				
Sex	Male <input type="checkbox"/>	Neutered <input type="checkbox"/>		
	Female <input type="checkbox"/>	Spayed <input type="checkbox"/>		
Is your pet experiencing any of the following	Normal	<i><u>(if abnormal please explain)</u></i>		
<i>Coughing</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Wheezing</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Vomiting</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Diarrhea</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your pet have (if abnormal please explain)	Normal	<i><u>(if abnormal please explain)</u></i>		
<i>Appetite</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Energy Level</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Defecation</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>Urination</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Medication(s) or Supplements	Medication	Dose	Why	Prescribed by:
	Medication	Dose	Why	Prescribed by:
Current Medication(s) or Supplements	Medication	Dose	Why	Prescribed by:
Current Medication(s) or Supplements	Medication	Dose	Why	Prescribed by:
Current Diet:	How much fed?		How frequently?	
Has Flea prevention been given?	Date		Type	
Has Heartworm been given?	Date		Type	

**** Office Use Only**

Due Date

Up to Date

*Rabies*Yes No *DAPP*Yes No *Bord*Yes No *Lepto*Yes No *Lyme*Yes No *Rattlesnake*Yes No *Flu*Yes No *HWT*Yes No *Fecal*Yes No *Annual labwork*Yes No *Has anything changed since you made appointment?****Please do not feed your pet before their appointment we use snacks, thank you!**