



# Canine History Questionnaire

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Client: \_\_\_\_\_

Do you use Care Credit/ScratchPay? Y \_\_\_\_\_ N \_\_\_\_\_ Do you want information on financing options?  
Y \_\_\_\_\_ N \_\_\_\_\_

Do you want information on cutting cost with pet insurance? Y \_\_\_\_\_ N \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Spayed/Neuter: Y \_\_\_\_\_ N \_\_\_\_\_ Interested in Spaying/Neutering? Y \_\_\_\_\_ N \_\_\_\_\_

Microchip# \_\_\_\_\_ Interested in Microchipping Y \_\_\_\_\_ N \_\_\_\_\_

Heartworm Tested? Y \_\_\_\_\_ N \_\_\_\_\_ Interested in Testing? Y \_\_\_\_\_ N \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Nails Long? Y \_\_\_\_\_ N \_\_\_\_\_ Nail Trim today? Y \_\_\_\_\_ N \_\_\_\_\_

Are there other pets in the household? Y \_\_\_\_\_ N \_\_\_\_\_ Canine: \_\_\_\_\_ Feline: \_\_\_\_\_ Other: \_\_\_\_\_

Reasons for today's visit? \_\_\_\_\_

Ongoing problems? \_\_\_\_\_

## Current:

Medications/Supplements: \_\_\_\_\_

Any allergies to any medications or vaccines? Y \_\_\_\_\_ N \_\_\_\_\_ What and when? \_\_\_\_\_

## Diet:

Brand: \_\_\_\_\_ Canned? Y \_\_\_\_\_ N \_\_\_\_\_ Dry? Y \_\_\_\_\_ No \_\_\_\_\_

How much do you feed? \_\_\_\_\_ How often do you feed? \_\_\_\_\_

Recent dietary changes? \_\_\_\_\_

What kind of treats / snacks / table scraps / chews do you give your pet? \_\_\_\_\_

When is the last time your pet ate? \_\_\_\_\_

## Parasite Prevention:

What Heartworm Preventative do you give your pet? \_\_\_\_\_

What day of the month do you give your pet's Heartworm Preventative? \_\_\_\_\_ Every month? Y \_\_\_\_\_ N \_\_\_\_\_

What Flea and Tick Preventative do you give your pet? \_\_\_\_\_

Interested in Heartworm or Flea and Tick Preventative today? Y \_\_\_\_\_ N \_\_\_\_\_

## Lifestyle:

Indoor only \_\_\_\_\_ Indoor / Outdoor \_\_\_\_\_ Outdoor Only \_\_\_\_\_ Hunts \_\_\_\_\_ Boards \_\_\_\_\_ Groomed \_\_\_\_\_ Travel \_\_\_\_\_

# Canine Wellness History Questionnaire

## Urine:

Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Blood Present \_\_\_\_\_

Comments: \_\_\_\_\_

## Bowel Movements:

Normal \_\_\_\_\_ Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Diarrhea \_\_\_\_\_ Constipation \_\_\_\_\_ Blood Present \_\_\_\_\_

Comments: \_\_\_\_\_

## Dental Status:

Bad Breath \_\_\_\_\_ Sore Gums \_\_\_\_\_ Problems Chewing \_\_\_\_\_ Drooling \_\_\_\_\_ Decreased Appetite \_\_\_\_\_

What Dental care do you provide for your pet at home? \_\_\_\_\_

## Mobility / Activity:

Normal \_\_\_\_\_ Unable to jump \_\_\_\_\_ Limping \_\_\_\_\_ Sore \_\_\_\_\_ Painful \_\_\_\_\_ Arthritic \_\_\_\_\_

## Hair / Coat:

Clean and Shiny \_\_\_\_\_ Dull \_\_\_\_\_ Dandruff \_\_\_\_\_ Hair Loss \_\_\_\_\_ Mats \_\_\_\_\_ Decreased Grooming \_\_\_\_\_

Are any Fleas present? Y \_\_\_\_\_ N \_\_\_\_\_ Are any Ticks present? Y \_\_\_\_\_ N \_\_\_\_\_

Any bumps or masses that the Doctors should be aware of? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, where and when was it seen, and changes? \_\_\_\_\_

## Does your pet have any of these symptoms?

Coughing \_\_\_\_\_ Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Sneezing \_\_\_\_\_ Hairballs \_\_\_\_\_

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

If so, when? \_\_\_\_\_ Clinic name: \_\_\_\_\_