Canine Health Questionnaire

One of the challenging aspects of veterinary medicine is evaluating the health of patients who cannot talk to us. Remembering that pets age at a rate up to seven times faster than our own, makes this challenge even more important. As pet health care professionals, we depend greatly on the information provided to us by pet owners and family members. We would like to ask for your assistance.

In an effort to provide your pet with the best health care, we ask that you take just a few moments to answer the following questions. Making health care decisions with respect to age and lifestyle allows us to tailor our treatment and advice more effectively for every patient.

We thank you (and your pet thanks you) for your assistance toward this effort!

Please circle your responses.

- Is your dog ever outside unsupervised?  Yes  No
- Does your dog ever come in contact with other pets or their environments?  Yes  No
- Is wildlife in your area, including mice, squirrels, birds, possums, raccoons or skunks?  Yes  No
- Do you ever take your dog to dog shows?  Yes  No
- Do you ever take your dog to the pet store?  Yes  No
- Do you take your dog to a grooming or boarding facility?  Yes  No
- Do you hunt with your dog?  Yes  No
- Does your dog travel with you?  Yes  No
- Do you ever handle unvaccinated dogs?  Yes  No
- Has your dog had a heartworm test in the last year?  Yes  No
- Has your dog had a stool examination for intestinal parasites in the last year?  Yes  No
- Is your dog currently on heartworm preventative?  Yes  No  If yes, please list: _______________________
- Is your dog currently on any medication for fleas?  Yes  No  If yes, please list: _______________________
- Have you found ticks on your dog in the last year?  Yes  No
- Has your dog ever had any adverse reaction to vaccinations?  Yes  No
- Does you dog sleep with you or your children?  Yes  No
- What diet do you feed? _______________________________________
- Do you give any supplements (vitamins, herbal/holistic medications etc) to your pet?  If yes, please list.  __________________________________________
- _______________________________________________________________________________________
- Which best describes your dog’s breath?  Pleasant  “Not bad”  Unpleasant  “Really Bad” (needs mouthwash!)
- Which best describes your dog’s water consumption?  Not a big water drinker  Normal  Occasionally drinks a lot  Always drinks a lot
- Please circle any conditions that apply to your dog:

Vomiting
Diarrhea
Constipation
Incontinence
Increased thirst
Frequent urination

Difficulty jumping
Limping
Difficulty with stairs
Seizures
Skin growths

Owners name: __________________________

Pet’s name: _____________________________

Date: __________________