

Canine Health Questionnaire

CLIENT INFORMATION

Name: _____
Address: _____

PATIENT INFORMATION

Name: _____ Species: _____
Sex: _____ Breed: _____
Age: _____ ID: _____

Help us learn more about your dog's health by answering the following questions:

yes or no Is your dog spayed / neutered? If no, why not? _____

yes or no Has your dog's weight or appetite changed in the last year?

yes or no Have you noticed any new lumps or bumps on your pet?

yes or no Does your dog drink or urinate more than usual?

yes or no Does your dog vomit or have diarrhea more than 1 time per week?

yes or no Does your dog's breath stink?

yes or no Do you consider your dog to be overweight?

Does your dog have any of the following arthritis signs? (Check all that apply):

_____ difficulty going up/down stairs _____ slow to get up after laying down

_____ slipping on non-carpeted areas _____ difficulty getting into vehicles

_____ not playing/running as much _____ not going for as long of walks anymore

_____ obvious limping/lameness _____ getting tired easier

yes or no My dog has had fleas or ticks in the past

yes or no Do you give your dog heartworm prevention?

If yes, what brand do you use? _____

Do you give these products all year long? yes or no

yes or no Do you give your dog monthly flea/tick prevention?

If yes, what brand do you use? _____

Do you need to purchase any of these products today? Heartworm? yes/no Flea? yes/no

What kind (brand and type) of dog food do you feed your dog? _____

Do you have any other concerns about your pet? _____

Thank you for your help in answering these important questions. It is so very important to ask these questions each year during your dog's yearly or semi-annual physical examination so that we can address the changes in your dog's life that might indicate early forms of disease. Oftentimes, these diseases can be easily treated or the symptoms controlled once we diagnose the underlying problem. With your assistance, it is our goal at Fall Creek Place Animal Clinic to help your pets have long, healthy and comfortable lives!

(Office Use Only) Client Info Sheets: Sr. Bloodwork S/N hypothyroidism Cushings diabetes renal dental
Slentrol/Obesity Mgmt arthritis allergy testing HWP flea diet _____