Date_____

YOUR DOG'S INFORMATION

Your Dog's Name_____

Birthdate _____ _____ _____
M D Y

Male- Is he neutered? Yes No
Female- Is she spayed? Yes No

Breed _____

Color _____

How long have you owned your dog? _____
Do you have pet insurance? _____
Please mark the vaccines your dog has had. Put in the dates if you know them.

DA2PPV (canine distemper) _____
Rabies 1 Year _____
3 Year _____
Bordetella (Needed for boarding kennels) _____
Lyme _____

Has your dog been microchipped?_____ If so, please write the number here _____
If not, would you like information about microchipping? ____Yes _____No
Has your dog had any seasonal allergies that you know about? _____
If so, please list symptoms _____
Has your dog had any vaccine or drug reactions? _____If so, please list _____
_____
Is your dog currently on any medications regularly? _____ If so, please list
_____
Has your dog had any past health problems, including arthritis, hit by car, past surgeries,seizures?_____
Does your dog have any behavioral issues we should know about? Including doesn't like strangers, other animals, etc.?_____
What brand of food does your dog eat?_____
Does your dog eat pig's ears or rawhides?_____
Does your dog eat table scraps?_____
Has your dog **ever** had fleas?_____Ticks?_____
Is your dog on Heartworm preventative? Yes_____No_____
Which Heartworm preventative is your dog taking?
Heartgard_____Interceptor_____Other_____
What was the last date Heartworm preventative was given?_____
When was your dog's last heartworm test?_____
Does your dog live _____inside _____outside _____both
Is your dog:

_____an animal only
_____a pet
_____a beloved pet