

Dog Questionnaire

Pet Name: _____

Date: _____

Has your pet:

YES NO

- | | | | |
|----|---|--------------------------|--------------------------|
| 1. | Been coughing or sneezing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Had any vomiting or diarrhea?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Had any reactions to vaccines in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Had any history of seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Had any problems with thunderstorms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Been having any house-training problems?.....
If so, what? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|----|--|--------------------------|--------------------------|
| 7. | Recently been on any medications?.....
<i>(other than Heartworm or Flea/Tick prevention)</i>
Which medications and how much? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

- | | | | |
|----|--|--------------------------|--------------------------|
| 8. | Do you need any refills for your pet today?.....
Which medications? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

What type of Heartworm prevention are you using and when was the last dose given?

What type of Flea prevention are you using and when was the last dose given?

What food do you feed your pet? And how often do you feed them?

What concerns would you like the doctor to address today? Would you like any other services today?

Dog Risk Questionnaire

YES NO

- | | | | |
|----|--|--|--|
| 1. | Does your dog come in contact with other dogs?
Such as: at dog shows, parks, pet stores, on walks, or doggy daycare?
Please circle those that apply | | |
| 2. | Do you take your dog to be bathed, groomed or boarded?
<i>Including here at MPAH</i> | | |
| 3. | Does your dog travel? If so, to what states and/or countries?
..... | | |
| 4. | Does your dog have exposure to outside water sources (other than pools)?
Such as: ponds, lakes, creeks, streams, or rivers? | | |
| 5. | Do you take your dog hunting, camping, or hiking? | | |
| 6. | Do wild animals
<i>(including but not limited to: raccoons, skunks, coyotes, opossum, rats, etc.)</i>
Or Farm animals ever share your dog's environment? | | |
| 7. | Is your dog receiving chemotherapy? | | |

Comments: