

Canine Annual Examination Questionnaire



Owner's Name _____ Date _____

Address _____ Postal Code _____

Phone numbers (home) _____ (cell) _____ (work) _____

E-mail _____

Emerg. Contact(other than immediate family): _____ ph: _____

Pet's Name _____ Breed _____ Colour _____

Sex _____ Neutered Spayed Age or Birthday _____

1. What brand of food do you feed your dog? How much do you feed?

2. Where does your dog sleep? _____

3. What heartworm and flea/tick preventive are you using? _____

Last Administered? _____

4. Have you seen any fleas or ticks on your dog? YES NO

5. When was your dog's last dental cleaning under general anaesthesia? _____

6. Have you noticed any lumps or bumps on your dog? YES NO

7. Do you have other pets? YES NO

Are they currently vaccinated and on heartworm and flea preventive? YES NO

8. What dental care do you provide for your dog? _____

9. Does your dog go outside: Daily for Bathroom/Walks 50:50 Indoor/Outdoor Outdoor Dog

10. Does your dog: Come into contact with other dogs (i.e. neighbors dog, dog park)

Or go to: Boarding facilities Grooming Dog Parks Obedience/Training Classes Cottage To the U.S.A.

11. Have you noticed any of the following: Coughing or Labored Breathing Increased Thirst Limping Lethargy

Increased Urination Diarrhea Vomiting Other _____

12. Are there any health issues you wish to discuss? YES NO _____

Are there any behaviors you wish you could change? YES NO _____

13. Is your pet currently on ANY medication (incl. Aspirin, glucosamine, etc)? YES/NO If yes, frequency and amounts given
