



Adult Dog New Patient

Thank you for giving us the opportunity to care for your pet. Our Veterinarians and hospital staff are committed to the well-being of our patients and want our clients to be delighted with the care and information that you receive. To assist us in providing veterinary services that best meet your needs, please complete the following information:

Name of dog: _____ Date of Birth: _____ Age: _____
Sex: Male Female Neutered or Spayed Still intact
Breed: _____ Colour: _____

Do you have any other pet(s) at home? Yes No
If yes, what type of pet(s)? _____

My dog was last vaccinated on: Month _____ Year _____ Unsure
My dog's last heartworm test was: Month _____ Year _____ Unsure

Do you plan to travel with your dog? Yes No If yes, where? _____

Do you plan to board your dog when you are away from home? Yes No

Do you plan to trim your dog's nails? Yes No

Would you like an animal health professional to teach you how to trim your puppy's nails?
Yes No

Are you familiar with prevention products for fleas and heartworm? Yes No
What flea and/or heartworm prevention product do you plan to use? _____

Is your dog currently on any medication? Yes No If yes, what medication? _____

Are there any particular behaviour or obedience concerns that you may have for your dog?
Barking Digging Housetraining Nipping/biting Chewing Growling
Other: _____

What diet (type/brand of food) are you currently feeding your dog? _____
Dry(amount) _____ Canned(amount) _____ Both (amount) _____

Do you give your dog treats? Yes No If so, what type? _____

Do you give your dog table scraps? Yes No

How would you describe your dog's skin coat quality?
Dull/dandruffy Sheds a lot O.K. Excellent

My dog's bowel movements are: Loose Hard Normal

Are there any issues or concerns regarding your dog that you would like to discuss?

Thank you for taking the time to complete this information about your dog.