



OWNER'S NAME: _____

DATE: _____

PET'S NAME: _____

PET INFORMATION

What breed is your dog? _____

Age: _____ Birthday (if known): _____ Gender: Male _____ Female _____

Is your pet spayed or neutered? Yes _____ No _____

Previous Veterinarian: _____

FEEDING

What does your dog eat? (Please be specific – primary diet, vitamin supplements, and treats.)

How much do you feed your dog? _____

How often do you feed your dog? Once a day _____ Twice a day _____ Free-Feed _____

How often is water changed? _____

MEDICAL ISSUES

Please list any past health problems: _____

What medication is your dog currently taking? Please include any over the counter medications.

Is your dog on a flea and heartworm prevention? Yes _____ No _____

If so what, kind? _____