

New Dog/Puppy Medical History Form

Owner(s): _____ Date: _____

Address: _____ Phone#: _____

Pet Name: _____ Breed: _____

Color: _____ Age/DOB: _____ Sex: Male Neutered Female Spayed

Tell us about your New Dog

How did you find your dog? Breeder Humane Society Friend Stray Pet store Other _____

Will your dog be indoor, outdoor or both? _____

Is your dog housetrained? Yes No

What brand of food are you feeding him/her? _____ Dry Canned

How is your dog's appetite? Normal Other _____

Is your dog drinking? Normal Less than Normal More than Normal

How is your dog's attitude? Normal/Happy/Active Depressed/Lethargic Other _____

Do you notice any of the following?

Limping Coughing Sneezing Eye discharge Nose Discharge Vomiting Diarrhea Scooting

Shaking Head Scratching Hair Loss Weight Loss Lethargy/Weakness Other _____

Medical History

Has your dog been to a veterinary clinic previously? Yes No

If Yes, where? _____

Has your dog had any of the following:

Physical Exam: Yes, date _____ No Unsure

Heartworm Test: Yes, date _____ No Unsure

Fecal Test: Yes, results _____ No Unsure

Has your dog been vaccinated for any of the following:

Rabies: Yes, date _____ No Unsure

Distemper: Yes, date _____ No Unsure

Lyme disease: Yes, date _____ No Unsure

Kennel Cough: Yes, date _____ No Unsure

Has your dog been dewormed in the last 12 months? Yes, date & product _____ No Unsure

Flea & Tick Preventative? _____ Collar None

Heartworm Preventative? _____ None

On the back side of this page please write any other information you wish us to have, or any questions about your new puppy you want us to address.