



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? No Yes

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? No Yes: _____

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

Other medications or supplements: No Yes: _____

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.