

Dog Health Information

Date (yyyy-mm-dd) _____

Pet's Name _____ Age (yrs) _____

Species/Breed _____

Owner's Name _____

Address _____

City _____ Postal Code _____

Daytime ph _____

Alt Phone _____

New Pets: How did you acquire your pet?

Previous Veterinarian (for health records only)

Please describe concerns you have about your pet's health.

Describe any previous relevant health issues.

Indicate symptoms your pet experiences.
Please provide details on reverse.

- | | | |
|---------------------------------------|---|---|
| <input type="radio"/> Coughing | <input type="radio"/> Small dry feces | <input type="radio"/> Itching |
| <input type="radio"/> Sneezing | <input type="radio"/> Diarrhea | <input type="radio"/> Lumps |
| <input type="radio"/> Eye discharge | <input type="radio"/> Increased thirst | <input type="radio"/> Abnormal activity |
| <input type="radio"/> Nasal discharge | <input type="radio"/> Posture/Gait change | |

Do you consider your pet overweight/underweight or fine

List any allergies noted in your pet.

List any medications, vitamins or supplements that your pet takes.

Describe your pet's daily exercise e.g. amount, frequency, indoor, outdoor, alone, with other pets, time out of cage.

Describe your pet's diet, including all types, amounts and frequency of feeding.

Please list all vaccine dates.

Please list parasite control used and last date administered.

What other pets do you have in your home?

Has your pet been outside of the lower mainland in the past 12 months? Please list locations.



For each symptom that your pet experiences, please provide descriptions of **how long** the symptom has been present, **frequency**, general **appearance** and any other information that will assist the vet in understanding the symptom's effect on your pet.

Coughing

Sneezing

Eye or nasal discharge

**Vomiting/
Regurgitation**

Thirst e.g. how long? how much has drinking increased?

Abnormal Feces, including diarrhea, small firm, unusual colour, or absence of feces.

Itching - how long, area of body affected

New/Ongoing Lumps - location, changes, how long present

Describe any limping, stiffness, changes in activity level.

Describe any changes in behaviour