



**Dog's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cellphone** \_\_\_\_\_ **Email** \_\_\_\_\_

- Does your dog suffer from car sickness? Yes \_\_\_ No \_\_\_
- Does your dog urinate or defecate in the house inappropriately  
or suffer from separation anxiety? Yes \_\_\_ No \_\_\_
- Is your dog fearful of loud noises or have other behavioral issues? Yes \_\_\_ No \_\_\_
- Does your dog growl or try to bite when examined or is aggressive to other dogs? Yes \_\_\_ No \_\_\_
- Do you take your dog to the dog park or areas other dogs congregate? Yes \_\_\_ No \_\_\_
- Does your dog limp, have difficulty rising, or appear stiff after exercise? Yes \_\_\_ No \_\_\_
- Is your dog on any medications? Yes \_\_\_ No \_\_\_ please list \_\_\_\_\_
- Does your dog need their nails clipped today? Yes \_\_\_ No \_\_\_
- Is your dog scooting or need their anal glands expressed? Yes \_\_\_ No \_\_\_
- Have you noticed changes in your dog's skin or hair coat, or noticed any lumps or growths?  
Yes \_\_\_ No \_\_\_ please list where \_\_\_\_\_
- Does your dog itch or lick at their feet? Yes \_\_\_ No \_\_\_
- Does your dog scratch at their ears or have an abnormal discharge? Yes \_\_\_ No \_\_\_
- Is there any coughing, sneezing, or breathing difficulties? Yes \_\_\_ No \_\_\_
- Has your dog ever had a seizure? Yes \_\_\_ No \_\_\_
- Does your dog have dental disease or bad breath? Yes \_\_\_ No \_\_\_
- Do you have your dog groomed? Yes \_\_\_ No \_\_\_ Please list location \_\_\_\_\_
- Do you board your dog? Yes \_\_\_ No \_\_\_ Please list location \_\_\_\_\_
- Does your dog receive year round heartworm, flea and tick preventative? Yes \_\_\_ No \_\_\_
- Has your dog had fleas or ticks in the past? Yes \_\_\_ No \_\_\_
- Do you have pet insurance? Yes \_\_\_ No \_\_\_
- What food do you feed your dog? \_\_\_\_\_ Dry \_\_\_ Can \_\_\_
- Does your dog vomit regularly or suffer from diarrhea / constipation? Yes \_\_\_ No \_\_\_
- Is your dog eating: more \_\_\_ less \_\_\_ same \_\_\_
- Is your dog drinking: more \_\_\_ less \_\_\_ same \_\_\_
- Is your dog urinating: more \_\_\_ less \_\_\_ same \_\_\_ unsure \_\_\_
- Is your dog outside: regularly \_\_\_ occasionally \_\_\_ never \_\_\_
- Has your dog's activity level: increased \_\_\_ decreased \_\_\_ or is normal \_\_\_
- Does your dog have any vision issues? Yes \_\_\_ No \_\_\_ Hearing? Yes \_\_\_ No \_\_\_
- Is there a history of a reaction to vaccinations or drug allergies? Yes \_\_\_ No \_\_\_ list \_\_\_\_\_
- Does anyone with direct contact with your dog have diabetes, is undergoing cancer treatment,  
or have an immune – medicated disease like multiple sclerosis or HIV? Yes \_\_\_ No \_\_\_
- Is anyone in the household pregnant? Yes \_\_\_ No \_\_\_
- If yes; Has proper pet care been discussed with your doctor? Yes \_\_\_ No \_\_\_
- Do any family members suffer from pet allergies? Dog ( ) Cat ( ) Yes \_\_\_ No \_\_\_
- Do you have any pets that are not patients at Glenroads Veterinary Clinic? Yes \_\_\_ No \_\_\_
- Please list any other concerns or topics you would like discussed \_\_\_\_\_