

# CANINE

Client's Name \_\_\_\_\_ Patient Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail address \_\_\_\_\_ (We can now e-mail reminders!!)

## Important Questions About Your Canine Family Member

As your pet ages, changes take place that may indicate medical problems. ***We are believers in preventing illness rather than treating illness.*** Please take a moment to tell us about your 4-legged family member:

Do you travel/hunt/camp with your pet? Yes No

Does your dog: Board, go to "Dog Parks" or attend "Doggie Day Care? Yes No

### Have you noticed any of the following?

	Please circle		For Doctor/Tech Use Only
Vomiting	Yes	No	_____
Weight loss or gain	Yes	No	_____
Change in Appetite	Yes	No	_____
Increased Thirst/Urination	Yes	No	_____
Coughing/Sneezing/ Nasal Discharge	Yes	No	_____
Stiffness/Limping/Lameness	Yes	No	_____
Behavioral/Attitude Changes	Yes	No	_____
Soft Stools/Gas	Yes	No	_____
Fleas/Ticks	Yes	No	_____
Itching/Licking/Chewing	Yes	No	_____
Shaking Head	Yes	No	_____
Skin/Hair/Coat Changes	Yes	No	_____
Growths or Lumps (New)	Yes	No	_____

Diet normally fed: \_\_\_\_\_

Medications/Supplements regularly given: \_\_\_\_\_

### Summary of Your Concerns:

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