

History Questionnaire

Date _____ Owner _____

Pet' Name _____ Species (Dog, Cat, Etc.) _____

Age _____ Male/Female _____ Breed _____ Weight _____

Description (Color, Markings, Etc.) _____

Spayed/Neutered? Yes _____ No _____ If yes, at what age? _____

Where did you obtain you pet? Friend _____ Relative _____ Breeder _____ Adoption _____ Other _____

At what age? _____ Amount of time spent: Outdoors _____% Indoors _____%

Is your pet currently on a flea/tick preventative? _____ If so, what kind? _____

When did you give the last dose? _____ Is your pet on a heartworm preventative? _____

If so, what kind? _____ When did you give the last dose? _____

Do you brush your pet's teeth, or give dental supplements/treats? _____

If so, what kind? _____

How much and how often do you feed your pet? _____

Diet: Dry food _____% Wet food _____% Table scraps _____%

Brand of food: Dry _____ Wet _____

Dietary supplements given if any _____

Any behavioral concerns? _____

Any major surgeries, illnesses, or medical problems and approximate dates: _____

List any medications your pet is currently taking: _____

Any other concerns you may have regarding your pet? _____
