

# CANINE MEDICAL HISTORY FORM

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age / Birthdate: \_\_\_\_\_ Sex:  M  Neutered  F  Spayed

## ABOUT YOUR DOG

1. Your dog was obtained from:  Breeder  Pet store  Friend  Stray  Humane Soc.  Other
2. Your dog is:  Indoor  Outdoor  Both      Number of dogs in household: \_\_\_\_\_
3. Brand of pet food: \_\_\_\_\_  Canned  Dry
4. How is your dog's appetite:  Normal  Other: \_\_\_\_\_  
How is your dog's attitude:  Happy-Active-Normal  Depressed-Lethargic  Other: \_\_\_\_\_  
Is your dog drinking:  Normally  More  Less than usual.
5. Do you notice any of the following:  Limping  Eye Discharge  Nasal discharge  Sneezing  
 Coughing  Shaking head  Scooting  Scratching  Vomiting  Diarrhea  Lumps  
 Bad breath often  Weight loss  Lethargy / weakness  Seizures  Hair loss  
 Pain or straining when urinating / defecating:

## YOUR DOG'S MEDICAL HISTORY

1. Previous veterinary hospital: \_\_\_\_\_  
May we request your records from their office?  Yes  No  First visit to a veterinarian
2. Has your dog had the following in the last 12 months:  
Physical examination:  Yes date: \_\_\_\_\_  No  Unsure  
Dental examination and cleaning:  Yes date: \_\_\_\_\_  No  Unsure  
Heartworm test:  Yes date: \_\_\_\_\_  No  Unsure  
Fecal sample test:  Yes date: \_\_\_\_\_  No  Unsure  
Blood testing for kidney & liver function:  Yes date: \_\_\_\_\_  No  Unsure
3. Has your dog been vaccinated for the following in the last 12 months:  
Rabies:  Yes date: \_\_\_\_\_  No  Unsure  
Canine Distemper:  Yes date: \_\_\_\_\_  No  Unsure  
Lyme Disease:  Yes date: \_\_\_\_\_  No  Unsure  
Canine Cough:  Yes date: \_\_\_\_\_  No  Unsure
4. Has your dog been dewormed in the last 12 months:  Yes date: \_\_\_\_\_  No  Unsure
5. Flea & tick preventative(s): \_\_\_\_\_  Collar  None
6. Heartworm preventative: \_\_\_\_\_  None
7. Are you familiar with geriatric care for dogs over 7 years of age:  Yes  No
8. Current medications and allergies: \_\_\_\_\_

COMMENTS: \_\_\_\_\_