

## Canine Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female    Altered?  Yes  No    If yes, where/when: \_\_\_\_\_

### Vaccine History

What vaccines has your dog had within the last year? Please list dates.

DHLPP \_\_\_\_\_  Bordatella \_\_\_\_\_  Rabies \_\_\_\_\_

Corona \_\_\_\_\_  Parvo \_\_\_\_\_  Lymes \_\_\_\_\_

Vaccines given by: \_\_\_\_\_

### Medical History

Please note any known illnesses, allergies, medical problems, major surgery, current medications (use separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

On Heartworm Preventative?  Yes  No    On Flea Preventative?  Yes  No

### Housing/Travel History

Where does your dog sleep?  Outdoors  House  Doghouse  Garage

Other: \_\_\_\_\_

Type of bedding: \_\_\_\_\_

Do you expect your dog to (Circle appropriate items): Ride in car/truck. Hunt. Board. Jog. Play in the ocean. \_\_\_\_\_

Any other plans we should know? (i.e. dog shows, obedience training, working dog, etc.)

\_\_\_\_\_

Are there other pets in the house?  Yes  No

### Diet History

Please give us a complete picture of your dog's diet, including treats. Use brand names if possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_