

**Patient Information – Canine**

Dog's Name: \_\_\_\_\_ Birthdate (approx): \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: MALE FEMALE

Has your dog been spayed or neutered? Please circle. YES NO  
If so, at what age? \_\_\_\_\_

How did you acquire this dog? (Breeder, pet store, friend, shelter, newspaper ad, etc.)  
\_\_\_\_\_

What does this dog get to eat? (Includes kibble, canned, table food and treats.)  
\_\_\_\_\_  
\_\_\_\_\_

Has this dog ever been vaccinated for the following:

Rabies YES ( ) NO ( ) Date: \_\_\_\_\_  
Distemper YES ( ) NO ( ) Date: \_\_\_\_\_  
Parvo YES ( ) NO ( ) Date: \_\_\_\_\_  
Bordetella YES ( ) NO ( ) Date: \_\_\_\_\_  
Lepto YES ( ) NO ( ) Date: \_\_\_\_\_  
Lyme YES ( ) NO ( ) Date: \_\_\_\_\_

Has your dog ever been tested for heartworms? YES NO  
If so, when? \_\_\_\_\_

Is your pet on heartworm preventative? YES NO  
If so, what kind? \_\_\_\_\_

Has this pet ever had a stool sample checked? YES NO  
If so, when? \_\_\_\_\_

Does/will this pet go to a groomer/boarding facility? YES NO

Does/will this pet get exposed to ticks?  
(ex: camping, wooded areas, at home) YES NO

Does/will this pet get exposed to wildlife?  
(ex: camping, wooded areas, parks, at home) YES NO

Does this pet have any other medical conditions? YES NO  
If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Please print out this form, fill in the information, and either bring it along with your pet, or FAX it to **866-866-7558**.