New Patient Questionnaire

Please fill out the questions below to assist us in providing the best healthcare plan for your pet.

1. Where did you get your pet? ______________________________

2. How long have you owned your pet? ________________

3. Is your pet microchipped? Y N

4. Do you travel north with your pet? ____________________

5. Does your pet socialize with other pets? (dog park, friends’ pets, etc…) Y N

6. How many other pets do you have at home? Cats_____ Dogs_____ Other_____

7. Are there children in the home with your pet? Y N Ages:___________________

8. Describe lifestyle: _____Always indoors (never outside) _____Indoor and outdoor for potty and play only
   _____Indoor and patio only _____Indoors on rare occasions _____Strictly lives outdoors

9. Is your pet on any current medications? ______________________________

10. What do you feed your pet? _____________________________________ Treats?________

11. History of dental care: _____dental cleaning (date last performed ________)
     _____daily teeth brushing _____dental treats _____Other______________________

12. Any known allergies?  Medication:______________  Food:______________  Vaccines:______________

13. Any chronic illnesses or previous surgeries? ______________________________