

Name: _____

Date: _____

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? _____