

Veterinary Care Clinic

New Canine Patient Questionnaire

Client information:

Last Name:

First Name:

Pet information:

Name:

Breed:

Sex:

Spayed/Neutered:

Age/Birth Date:

Vaccination history and dates:

Rabies:

DAPP (Distemper):

Bordetella (Kennel cough):

Leptospirosis:

Lyme:

Influenza:

Previous Veterinary Hospital Name, Location and Phone Number:

Medical History:

Has your pet been diagnosed with any of the following (please chose as many as applies):

Allergies (please specify if known):

Liver disease

Heart disease

Dental disease

Diabetes

Seizures

Arthritis

Kidney disease

Ear infection

Others:

Date and Signature: