# New Canine Patient Form

## How Many Pets Live in Your Home?

| Dogs | Cats | Other (please list animal type) |
|---|---|---|
| | | |

## Travel & Outdoors

- How much time does your dog spend outside each day? _____ hours
- Do you take your dog to any of the following? (check all that apply)

  □ Dog Park □ Doggie Day Care □ Boarding/Grooming □ Obedience Training

  □ Puppy Classes □ Organized Competitions □ Other: _____

- Do you travel with your dog? □ Yes □ No

  If Yes, where do you go? _____

- Do you take your dog hiking, hunting, camping, or fishing? □ Yes □ No

## Home Environment & Home Care

- Do you observe wild animals or other wildlife in your neighborhood? (check all that apply)

  □ Feral Cats □ Squirrels □ Chipmunks □ Skunks □ Rodents □ Racoons

  □ Deer □ Wild Turkeys □ Wild Canines (Coyotes/Foxes) □ Other _____
- Do you or your cat(s) visit homes where there are other pets? □ Yes □ No
- Do other pets come to visit at your home? □ Yes □ No
- Does anyone with a compromised immune system live in or visit your house? □ Yes □ No
- Have you seen evidence of fleas, ticks, or worms in any of your pets or in your home? □ Yes □ No
  - Which pets do you treat for fleas, ticks, internal parasites, or heartworms? □ Dog(s) □ Cat(s)

Please list all of the products, medications, or supplements your dog is using (including flea/tick and heartworm prevention):

| Product/Medication/Supplement | Directions |
|---|---|
| | |
| | |
| | |
| | |
| | |

What kind of diet do you feed your dog? _____

Do you feed your dog treats? □ Yes □ No

If Yes, how many times per day? _____

What kind of exercise does your dog get? _____

## Unusual Behavior

- Does your dog scratch or bite at its skin or seem itchy? □ Yes □ No
- Have you noticed any weight loss or gain? □ Yes □ No
- Any recent change in your dog's skin or hair coat? □ Yes □ No
- Any recent change in behavior or activity level? □ Yes □ No
- Any signs of pain such as: slow to get up or down, tremor or weakness in the rear legs, or protecting a certain body part? □ Yes □ No
- Any recent changes in your dog's behavior when defecating or urinating? □ Yes □ No
  If Yes, please describe: _____
  _____

_____

_____

_____

_____

**Authorization for examination, treatment, photos, and assumption of financial responsibility**

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. To prevent the spread of infectious diseases and parasites, hospitalized animal must be current on all vaccines and free of internal and external parasites. Any photographs taken of my pet along with my name may be used in electronic or printed material for publicity or advertising purposes.

**Owner/Agent Signature: _____Date: _____**