

Adult Dog History Form

Client _____ Patient _____ Date _____

Breed _____ Sex _____ Age _____

Current Problem _____

When did the problem start? _____

Has it gotten better worse or stayed the same since it started? _____

Has anything been tried to improve the problem? Has it helped?

Please list all medications and supplements your dog is currently taking including heartworm and flea preventative. _____

Please list all foods your dog is given including people food and treats.

Where does your dog spend its time? Indoors In and out Outdoors

Does your dog go to: groomer Pet Store Doggie day care/Kennel Dog training classes
Dog park Dog Show (Please circle all that apply)

Has your dog ever lived or travelled outside of Wayne county? If yes, where?

Has your dog ever had fleas? _____

Has your dog every had ticks? _____

Does your dog have any other current or previous health issues we should know about?

What other pets do you have? Are they having any problems? _____
