

New Puppy History Form

Client _____ Patient _____ Date _____

Breed _____ Sex _____ Age _____

Have you raised a puppy before? _____

When did you acquire the puppy? _____

Where did you acquire the puppy? _____

Has the puppy had any vaccinations or previous veterinary care? _____

What medications or supplements is your puppy taking? _____

What are you feeding your puppy? How much and how many times per day? _____

How are you house training your puppy? _____

Are you using a crate? If yes please describe size and how it is being used _____

What is your reason for the visit today? _____

If your puppy is having any health concerns how long have they been going on? _____

Is the problem getting better, worse, or staying the same? _____

Is the puppy having any behavior concerns that you would like us to address today? _____

What other pets do you have? _____