

Elkhorn Animal Hospital
Canine Questionnaire

Dog's Name: _____

Today's Date: _____

How long have you had your dog? _____

Does your dog go outside? Daily for bathroom/walks 50/50 Indoor/Outdoor Outdoor Dog

Does your dog come into contact with other people's dogs? Yes No

What do you currently feed your dog? (Brand, how much)

Do you use a flea preventative? Yes No If Yes, what type? _____

Has your dog been tested for heartworm disease within the last year? Yes No

What type of heartworm prevention do you use? _____

Do you board your dog or have it groomed or bathed outside of your home? Yes No

Has your dog been vaccinated against Bordetella or "kennel cough" within the last year? Yes No

Does your dog go camping, hunting, swimming, live on a farm or around wildlife (including deer, mice, squirrels, birds, opossums, raccoons, rats or skunks)? Yes No

Does your dog drink from water outside (ponds, puddles, water bowls, etc.)? Yes No

Does your dog travel out of state? Yes No If so, where?

Has your dog been vaccinated against Leptospirosis? Yes No Against Lyme Disease? Yes No

Has your dog ever become ill following vaccinations? Yes No

Has your dog had any routine bloodwork in the last two years? Yes No

Do you provide any home dental care? Yes No

Has your dog ever been hospitalized? Yes No If Yes, for what condition?

Does your dog have any other health problems? Yes No If Yes, please describe

Is your dog on any medications? (include aspirin or nutritional supplements) Yes No If Yes, please list name and dosage

Are there any specific issues you would like us to address during today's exam?
