**Please Update Us on the Health of Your Dog Date:** <date>

 Name: <first-name> <last-name>

No one knows your dog better than you do. You see him or her every day and you know best if anything is amiss or if something has changed. Answering the following questions can significantly help us to ensure that he or she receives the best care possible today and that nothing is missed.

 Address: <address> <address2> <city> <st> <zip>

 Home: <phone> Cell: <cell-phone> Work: <business>

 Pets Name: <animal> E-mail: <e-mail>

**\* Please check above information for accuracy.**

* Add your e-mail address for reminders and special offers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have more than one dog in your household? Yes No If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_
* Any other pets? If so, what kind and how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does your dog spend most of its time inside? Or more time outside?
* Does your dog go to a groomer or to a dog park? Yes No
* Are you faithfully giving a heartworm preventative to your dog? Yes No Or is he or she on Proheart?

Which heartworm preventative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you presently using a flea preventative? Yes No

Which flea preventative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you using a tick preventative? Yes No Are you concerned about ticks? Yes No

Which tick preventative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What do you feed your dog? Please list brands \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you feed any table food? Yes No
* Please list any medications you routinely give your dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you here today for ( choose all that apply ): Exam Vaccines Laboratory tests Problem
* What problems do we need to address today?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you prefer to see a specific Doctor or Doctors? Yes No

Circle your preferences: Dr. Pope Dr. Deaton-Smith Dr. Bilhorn Dr. Heath

**For Staff Use**

**Fecal Status:**

Date of Last Test \_\_\_\_\_\_\_\_\_\_\_\_\_ Pos. Neg.

Date of Last Deworming \_\_\_\_\_\_\_\_\_\_\_

**Heartworm Status:**

Date of Last Test \_\_\_\_\_\_\_\_\_\_\_\_\_ Pos. Neg.

**Other Testing:**

Test Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Test \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Vaccines Due**

<reminders>

**Heartworm Preventative and Brand Last Purchased** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Last Purchased \_\_\_\_\_\_\_\_\_\_

Amount Purchased \_\_\_\_\_\_\_\_\_\_\_