Puppy Raiser Veterinary Department Questionnaire

Your name: ____________________________
Dog’s Name: __________________________
Today’s Date/Boarding Drop off Date: _____________ Planned date of pick up: _____________
Presenting complaint: _______________________________________________________________
When did you first notice these symptoms/how long has it been going on? ________________
Does anything seem to trigger this problem? _____________________________________________________________________________
Has the problem been improving, worsening, or staying the same? _____________________________
Has your dog had this problem in the past? If yes, explain: __________________________________

Symptoms:
Please let us know if your dog is having any of the following symptoms. Use body diagram below when necessary.
1. Vomiting (please describe consistency and frequency): _________________________________
2. Diarrhea/loose stool (please describe consistency and frequency): ______________________
3. Change in eating or drinking habits (describe): _________________________________________
4. Scooting: _____________________________________________________________
5. Increased or difficult urination: _________________________________________________
6. Coughing or gagging: _________________________________________________________
7. Sneezing: __________________________________________________________________
8. Eye discharge (please describe color and frequency): ________________________________
9. Ear odor or discharge: __________________________________________________________________________
10. Head shaking: _______________________________________________________________
11. Scratching (please indicate location and frequency): ________________________________
12. Hair loss (please specify location): ______________________________________________
13. Skin lesions (please specify location): ____________________________________________
14. Growth/Lumps (please specify location): __________________________________________
15. Limping/Lameness (describe and specify location): ________________________________
16. Any additional symptoms or information you would like us to know: ____________________________

Medications:
Currently on any medications? If yes, please list:
________________________________________________________________________________

When was the last dose of medication given:
________________________________________________________________________________

Currently on flea control? If yes, what type, and when was the last dose given: ___________

What is the best number to reach you on in case we have further questions regarding your dog’s medical condition?
1) ____________________________________________