

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.

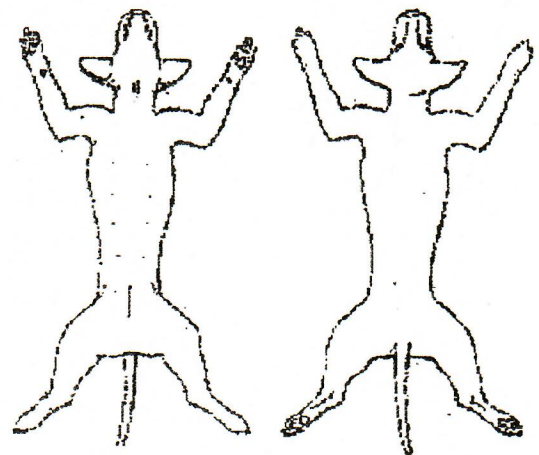
1. Vomiting (please describe consistency and frequency): _____
2. Diarrhea/loose stool (please describe consistency and frequency): _____
3. Change in eating or drinking habits (describe): _____
4. Scooting: _____
5. Increased or difficult urination: _____
6. Coughing or gagging: _____
7. Sneezing: _____
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. Growths/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) _____