

Providence Square Veterinary Clinic and Referral Services

New Patient Information - Canine

Please answer the following questions as accurately as possible. Health problems relating to improper housing and feeding are common among small pets. Your answers will help us recommend any changes that may improve your pet's well being.

Date: _____ Name: _____

Pet's Name: _____ Sex: _____ Age: _____ Breed _____

Spayed/Neutered _____ When/Where _____

When and where did you acquire your dog? _____

Does your dog have a microchip identification? _____

Husbandry

Where is your pet kept? (Inside, limited area or free in the house, outside) _____

How many animals in the house? _____

How do they get along, are they kept together? _____

Type of food _____

Frequency of feeding/free feed _____

Fed separately or with other pets _____

Vitamins, treats, other _____

Any problems with behavior (separation anxiety, aggressiveness)? _____

Medical History

Please submit all records from past veterinarians.

List any past illness or injuries not included in the submitted records. _____

Current medications _____

If female, previous litters _____

Heartworm preventative used regularly and type _____

Current Condition

Any problems, noticeable symptoms.

Changes in stool or urination habits (frequency, color, consistency).

Changes in behavior, eating, or drinking.