



# Canine Wellness Questionnaire

Dog Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Female  Male  Spayed Female  Neutered Male

Goes to a facility for boarding/grooming/doggy day care:  Goes to rural areas:

Goes to off-leash dog parks:  Travels to areas outside of the Midwest:

Your dog is \_\_\_\_\_% indoor and \_\_\_\_\_% outdoor.

Any health or behavioral concerns you would like to address today?

## Diet

Current diet (brand name): \_\_\_\_\_

How long has your dog been on this diet? \_\_\_\_\_

Measured amount & frequency: \_\_\_\_\_ or free feed (bowl is filled when empty):

Previous diets include: \_\_\_\_\_

Normal Appetite:  Decreased Appetite:  Increased Appetite:

If decreased, does it seem like your dog wants to eat but is having difficulty doing so?

If increased, is there a change in weight with increased appetite?

Normal Thirst:  Decreased Thirst:  Increased Thirst:

Do you notice that you are filling the water bowl more frequently?

## Excretion

Normal urine output:  Increased urine output:  Loose stools or diarrhea?

Is your dog asking to go outside more often or having accidents in the house?

Vomiting?  If yes, how frequently? \_\_\_\_\_

What is typically vomited (bile, food, grass)? \_\_\_\_\_

## Pain or Discomfort

Do you feel your dog is in pain or uncomfortable?

Level of discomfort or pain: Mild  Moderate  Severe

What do you think is causing the pain or discomfort? \_\_\_\_\_

## Medications & Preventions

Heartworm preventative brand: \_\_\_\_\_ Last given: \_\_\_\_\_ Need a refill?

Flea/Tick preventative brand: \_\_\_\_\_ Last given: \_\_\_\_\_ Need a refill?

List any other medications/supplements, amount, and frequency, along with any refills needed:

Are you interested in having annual screening bloodwork done today?

Are you interested in having a heartworm test done today?