



Canine Wellness Questionnaire

My dog: _____ **Last name:** _____

Goes to a facility for boarding/grooming/doggy daycare: Yes No

Goes to off leash dog parks: Yes No Goes to rural areas: Yes No

Travels to areas outside of the Midwest: Yes No Your dog is ____ % indoor and ____ % outdoor.

Please answer the following to the best of your knowledge

Current diet (brand name) _____ Length of time pet has been on this diet _____

Amount & frequency (measured amount): _____ or free fed (bowl is filled whenever empty)

Previous diets include _____

Appetite

Normal Decreased Increased

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 (loss or gain) with increased appetite? _____

Thirst

Normal Decreased Increased

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

Elimination

Urine output: Normal Increased

Do you notice your dog asking to go outside more often or accidents in the house? Yes No

Loose stools or diarrhea? Yes No

Vomiting? Yes No If yes, how frequently? _____

What is typically vomited (bile, food, grass)? _____

Pain or Discomfort

Do you feel your dog is painful or uncomfortable? Yes No

Level of discomfort/pain is: Mild Moderate Severe

What do you think might be causing your dog to be uncomfortable or painful? _____

Medications and Preventions

Heartworm preventative brand: _____ Last given: _____ Need a refill? Yes No

Flea/Tick preventative brand: _____ Last given: _____ Need a refill? Yes No

List any medications/supplements, amount, and frequency that your dog is taking, along with any refills needed:

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

Are you interested in having annual screening blood work done today? Yes No

Are you interested in having a heartworm test done today? Yes No