



One Love Animal Hospital

If you love your pet as much as you love yourself, then One Love is the place for you.

CANINE WELLNESS VISIT QUESTIONNAIRE FOR NEW CLIENTS

Date: _____
Pet Name: _____
Age: _____
Microchip #: _____

Your Name: _____
Sex and Reproductive Status (*Circle one.*):
Male Intact; Male Neutered; Female Intact; Female Spayed

HISTORY:

1. Does your pet have a medical condition or allergies? _____
2. When was your pet's last visit to a veterinarian? _____
What was the purpose of this visit? _____
3. Have you noticed any recent problems (behavioral/physical) with your pet? _____
4. Any coughing, sneezing, vomiting or diarrhea within the past 72hrs? ☐ Yes ☐ No
If yes, when did you first notice these symptom(s)? _____
5. In the past 12 months, has your pet had any of the following?
Hospitalizations: _____
Serious illness/injury: _____
Surgeries/Dental/Procedures: _____
Any changes to home/environment: _____
5. Do you have other pets? ☐ Yes ☐ No
How many and what species? _____
Are they currently vaccinated and on heartworm and flea prevention? ☐ Yes ☐ No
6. Are there smokers in your household? ☐ Yes ☐ No
7. Are there any children in your household? ☐ Yes ☐ No If yes, how old are they? _____
8. Do you have any indoor plants or flowers? ☐ Yes ☐ No If yes, what type? _____
9. Does your pet have a profession? (Working dog/Service animal/Athlete/Show animal) _____
10. What type of food do you feed your pet? (Brand Name; Wet/Dry) _____
How much do you feed and how often/day? _____
How would you describe their appetite? _____
11. How would you describe your pet's lifestyle?
☐ *Couch Potato* (Never goes out/Only goes out in a confined yard and does not contact with other animals)
☐ *Couch Potato with Boarding* (Only goes out in a confined yard/Goes to a groomer and/or boarding facility)
☐ *Active Lifestyle* (Goes on daily walks/Attends boarding, daycare, or grooming faculties)
☐ *Active Lifestyle with Boarding* (Same as Active Lifestyle but also runs in fields and woods with exposure to wildlife, and travels outside of the greater New York area.)
12. Does your pet travel with you? ☐ Yes ☐ No If yes, when was your last excursion? _____
Where was this travel? ☐ Within the United States ☐ International (*List where.*) _____
13. Does your pet exercise regularly? ☐ Yes ☐ No
How often does your pet go outside for walks, runs, etc.? _____
14. Is there wildlife in your area, including deer, squirrels, raccoons, birds, or skunks? _____

CURRENT MEDICATIONS (*Use reverse side if necessary.*):

Name of Medication:	Dose (mg/day, ml/day, tablets/day):	Date started/purpose:

1. Do you give heartworm and flea/tick preventative? ☐None ☐Yes, Brand(s) _____
Date last given? _____
Have you ever seen any fleas or ticks on your pet? ☐Yes ☐No When? _____
What treatment was administered? _____
2. Do you give any supplements/vitamins? _____

VACCINATIONS (*Please list date last administered.*):

Rabies: ☐ 1yr ☐ 3yr	DAPP: ☐ 1yr ☐ 3yr	Bordetella: Leptospirosis: Lyme:	Other:
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1. Has your pet ever had a reaction after being vaccinated? _____

PARASITE OR VIRAL TESTING (Please check appropriate box and list date last tested.):

☐ No testing performed	☐ Fecal Parasites	☐ Heartworm	☐ Other Testing:

1. Has your pet ever tested positive for any of these tests? When? _____

OTHER INFORMATION:

Please list any further information or questions concerning your pet's health.

[illegible]

I certify that the above information is correct to the best of my knowledge and that I have not purposefully misrepresented my pet's health history. I will furnish One Love Animal Hospital with a copy of my pet's prior medical records at the time of my appointment. I will not hold any member of One Love Animal Hospital responsible for errors or omissions that I may have made in completing this form.

(Owner's Signature)

(Date)

Please check all that apply to your dog:

BEHAVIOR/NEUROLOGIC

- ☐ My dog is just not acting like himself/herself.
- ☐ My dog is not seeking as much attention and interacts less with the family.
- ☐ My dog seems confused or disoriented.
- ☐ My dog has been barking or howling excessively for no apparent reason.
- ☐ My dog's sleeping patterns have changed.
- ☐ My dog has had tremors or episodes of shaking.
- ☐ My dog has displayed circling, head tilts, or repetitive movements.

BODY FUNCTIONS

- ☐ My dog has bad breath and red or swollen gums.
- ☐ My dog has difficulty chewing.
- ☐ My dog's eating habits have changed.
- ☐ My dog has gained/lost weight. (Circle one.)
- ☐ My dog is drinking more than usual.
- ☐ My dog is urinating more frequently than usual.
- ☐ My dog's house-training habits have changed and he/she sometimes has accidents.
- ☐ My dog's bowel habits have changed (increased frequency, diarrhea, constipation, straining). (Circle all that apply.)
- ☐ My dog vomits more than occasionally.
- ☐ My dog seems to have trouble seeing or hearing.

HEART/LUNGS

- ☐ My dog has been coughing or seems winded after walking or playing.
- ☐ My dog seems to be panting more.
- ☐ My dog tires more rapidly or seems short of breath.

ACTIVITY/ORTHOPEDICS

- ☐ I have noticed a changes in my dog's behavior or activity level.
- ☐ My dog has difficulty jumping to counter/bed.
- ☐ My dog seems limp or seems stiff and has difficulty rising from a resting position.
- ☐ My dog shows signs of pain (hiding, unusually quiet, or vocalizing).

SKIN AND COAT

- ☐ My dog scratches, licks, and chews excessively.
- ☐ My dog has changes in haircoat, skin, or new lumps or bumps.
- ☐ My dog's skin has an odor and/or I have noticed changes in grooming habits.

How old is my dog?

Circle your dog's age in human years.

AGE	DOG'S AGE IN HUMAN YEARS				
	0-20 lb	20-50 lb	50-90 lb	>90lb	
1	7	7	8	9	ADULT
2	13	14	16	18	
3	20	21	24	26	
4	26	27	31	34	
5	33	34	38	41	
6	40	42	45	49	SENIOR
7	44	47	50	56	
8	48	51	55	64	
9	52	56	61	71	
10	56	60	66	78	
11	60	65	72	86	GERIATRIC
12	64	69	77	93	
13	68	74	82	101	
14	72	78	88	108	
15	76	83	93	115	
16	80	87	99	123	
17	84	92	104	131	
18	88	96	109	139	
19	92	101	115		
20	96	105	120		
21	100	109	126		
22	104	113	130		
23	108	117			
24	112	120			
25	116	124			

What foods and treats are you currently feeding your dog? _____

How often? _____

Do you have any specific questions or concerns about your dog? _____

