

Elkhorn Animal Hospital  
Canine Questionnaire

Dog's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Does your dog go outside?  Daily for bathroom/walks  50/50 Indoor/Outdoor  Outdoor Dog

Does your dog come into contact with other people's dogs?  Yes  No

What do you currently feed your dog? (Brand, how much) \_\_\_\_\_

Do you use a flea preventative?  Yes  No If Yes, what type? \_\_\_\_\_

Has your dog been tested for heartworm disease within the last year?  Yes  No

What type of heartworm prevention do you use? \_\_\_\_\_

Do you board your dog or have it groomed or bathed outside of your home?  Yes  No

Has your dog been vaccinated against Bordetella or "kennel cough" within the last year?  Yes  No

Does your dog go camping, hunting, swimming, live on a farm or around wildlife (including deer, mice, squirrels, birds, opossums, raccoons, rats or skunks)?  Yes  No

Does your dog drink from water outside (ponds, puddles, water bowls, etc.)?  Yes  No

Does your dog travel out of state?  Yes  No If so, where? \_\_\_\_\_

Has your dog been vaccinated against Leptospirosis?  Yes  No Against Lyme Disease?  Yes  No

Has your dog ever become ill following vaccinations?  Yes  No

Has your dog had any routine bloodwork in the last two years?  Yes  No

Do you provide any home dental care?  Yes  No

Has your dog ever been hospitalized?  Yes  No If Yes, for what condition? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any other health problems?  Yes  No If Yes, please describe \_\_\_\_\_

\_\_\_\_\_

Is your dog on any medications? (include aspirin or nutritional supplements)  Yes  No If Yes, please list name and dosage \_\_\_\_\_

Are there any specific issues you would like us to address during today's exam? \_\_\_\_\_

\_\_\_\_\_