



DOG/OWNER HISTORY

We want you to have a great experience here, so please bear with us and tell us about yourself and answer some funny questions

Have you reviewed your contact information (address, phone numbers, etc)? Yes No Still current? Yes No

How would you prefer to be contacted: email text home phone cell phone work phone Other: _____

How do you prefer to be addressed (Mr/Mrs/Ms, first name, other): _____

Today are you: Kind of in a rush/prefer to get done and get out of here **OR** Not in a rush/interested in lots of information exchange

When it comes to your dog's health/our medical recommendations, do you prefer: general info (D/I) **OR** specific info (S/C)?

When you receive information, do you prefer to: a) See pictures/ handouts b) Hear someone explain c) Demonstration when possible

What's your dog's favorite activity? _____ Not sure

Does he/she have any weird/interesting behaviors? _____ Not sure

What is your favorite things about your dog? _____ Not sure

How does your dog feel about visiting the vet: **Anxious Neutral Happy/Excited Don't know / Not sure**

Can your dog have treats during their visit? **Yes No Yes, but only** _____

Do you think your dog is: **Underweight Just right Overweight don't know / Not sure**

Would you say your dog is: **Lazy Active Hyper don't know / Not sure**

Are there any things about your dog that you don't understand and would like to discuss?

_____ Not sure

Are there any diseases/conditions you are particularly concerned about / want to guard against?

_____ Not sure

In what ways would you like your dog to be "better"?

_____ Not sure

Is there anything we could do to make you feel like a better dog owner?

_____ Not sure

Would you be interested in a life plan / living will for your dog?

_____ Not sure

Anything else you'd like us to know?

RRAH Office use:

Pet: _____ Owner: _____ Date: _____

Weight: _____ Today's Temp: _____ Today's Age:

Reason for Visit: Routine updates Other _____

Vaccinations up to date? Yes No Not sure **Spayed / Neutered?** Yes No Not sure

Heartworm preventive used? _____ Last time given: _____ Happy with it? Yes No _____

Flea/Tick control used? _____ Last time applied/given: _____ Working? Yes No

How often do you bathe your pet? _____ What shampoo used? _____

Does your pet swim? Yes No If yes, how often? _____

Any **injury or illness** recently or that still affects him/her? Yes No Describe: _____

On any **medications/supplements?** Yes No Describe: _____

Any **adverse reaction** after vaccinations, drugs, or medications: Yes No Describe: _____

Time **outdoors?** Daily for bathroom/walks 50:50 Indoor/outdoor Outdoor only

Is your dog exposed to other dogs? Yes No (boarding, groomer, obedience class, walks, shared fence, etc)

Other pets in the house? _____

Are your other pets vaccinated and on heartworm and flea and tick preventative, if applicable? Yes No

What food does your dog eat? _____ **How often?** _____ **How much per meal?** _____

Table scraps? Yes No Treats? Yes No Type: _____

Tell us how your dog is doing!

Appetite: Increased Normal Decreased Not sure

Water Consumption? Increased Normal Decreased Not sure

Weight: Gain Stable Loss Not sure

Bowel Movements? Normal Constipated Diarrhea Bloody

Urination? Normal Increased Decreased Bloody

Significant Hair Loss? Yes No Patchy Generalized Excessive Shedding

Lameness? Yes No **Which Leg?** RF LF RR LR Not sure

Stiffness or Difficulty Rising? Yes No **After sleeping?** Yes No **After exercise?** Yes No

Unusual Lumps or Bumps? Yes No Location: _____

Any Behavioral Changes? Yes No Describe: _____

Vomiting? Yes No **Coughing or sneezing** Yes No

Any Listlessness? Yes No **Any Seizures?** Yes No

Shaking Head? Yes No **Scratching/Scooting?** Yes No

Bad Breath? Yes No **Unusual Discharge?** Yes No Location: _____

Do you need any flea and tick or heartworm preventative today? Yes No