

New Client Questionnaire
CANINE

1: What brand and type of food and treats does your pet eat? _____

2: Does he/she get any table scraps/people food? If so what kind?

3: Does your dog go to grooming, doggy daycare, off-leash parks or kenneling?

4: When was your dog's last set of vaccinations? What kind? _____

5: Do you have any other pets at home? What kind? _____

6: Has your dog had any previous illness or injury? What kind and how long ago?

7: Does your dog take any medications or nutritional supplements? If so what kind? _____

8: Have there been any changes in your dog's energy level in the past 12 months? _____

9: Have there been any changes in your dog's eating or drinking habits in the past 12 months? _____

10: Have there been any changes in your dog's urine/feces in the past 12 months?

11: Have there been any other changes in your dog's behavior? _____

12: Do you brush your dog's teeth or use any dental treats or dental food? How often? _____

13: Is there anything else we should know about your pet? _____
