Important Questions About Your Canine Family Member : _____

As your pet ages, changes take place that may indicate medical problems. ***We are believers in preventing illness rather then treating illness***. Please take a moment to tell us about your 4-legged family member:

Do you travel/hunt/camp with your pet?	Yes	No
Do you board or have your pet groomed?	Yes	No
Does your pet go to "Dog Parks" or "Doggie Day Care"?	Yes	No

Have you noticed any of the following?

	Please Circle		For Doctor/Tech Use Only_____
Vomiting	Yes	No	
Weight loss or gain	Yes	No	
Change in Appetite	Yes	No	
Increased Thirst/Urination	Yes	No	
Coughing/Sneezing/ Nasal Discharge	Yes	No	
Stiffness/Limping/Lameness	Yes	No	
Behavioral/Attitude Changes	Yes	No	
Soft Stools/Gas	Yes	No	
Fleas/Ticks	Yes	No	
Itching/Licking/Chewing	Yes	No	
Shaking Head	Yes	No	
Skin/Haircoat Changes	Yes	No	
Growths or Lumps (New)	Yes	No	

Food(s) Pet Normally Eats: _____

_____

Medications/Supplements regularly given: _____

_____

Summary of Your Concerns:

_____

_____

_____