



Wags 2 Whiskers

Veterinary Hospital

New Patient Form - Canine

Patient's First Name:		Owner's Last Name:	
Sex:	Spayed/Neutered? YES NO NOT SURE	Microchipped? YES NO NOT SURE	
Date of Birth (or approximate age):			
Breed:		Color:	

For us to evaluate your dog, it is important that you are his/her voice. We'll use this information to evaluate your dog's health and individualize the care your dog receives, including vaccinations and examinations.

Please answer the following questions to describe your dog's lifestyle.

My dog is mostly:	INDOOR OUTDOOR BOTH
My dog lives with other dogs:	YES NO
My dog has been vaccinated within the last year:	YES NO NOT SURE
My dog is boarded or taken to dog parks:	YES NO
My dog has vaccine reactions:	YES NO NOT SURE

Do you apply flea or heartworm prevention to your dog each month? If so, what do you use?

Do you have an insurance policy for your dog? If so, which company?

Has your dog been diagnosed with anything previously?

Is there anything else we should know about your dog?
