



Canine History Form

Pet Owner's Name:

Pet's Name:

Lifestyle

How long have you owned your pet?

Where did you get your pet?

Are there any other pets in your household?

Has your pet ever lived outside of Las Vegas? Please list where and when:

Do you travel with your pet outside of Las Vegas? Please list where and when:

Is your pet: People Aggressive Food Aggressive Dog Aggressive Cage Aggressive

Medical History

Please list the name of your previous vet:

When did your pet last receive:

Rabies: Distemper: Lyme:

Parvo: Bordetella: Fecal:

Heartworm Test: Heartworm Prevention:

Is your pet micro-chipped? Yes No What is the microchip number?

Please list any previous surgeries your pet has had:

Is your pet on any medication or supplements? Please list medication, dosage, and how often it is given:

Does your pet have a history of (please select all that apply):

- | | | | | |
|---------------------------|---------------|---------------|----------------|-----------------|
| Coughing | Vomiting | Diarrhea | Sneezing | Weakness |
| Allergies | Arthritis | Hair Loss | Kidney Disease | Ear Infections |
| Seizures | Heart Disease | Liver Disease | Foreign Body | Thyroid Disease |
| Bladder Infections/stones | | | | |

Diet

Which brand of food do you feed your pet?

Does your pet eat dry food, wet food, or both?

How much and how often do you feed your pet?

Do you give your pet any treats? Yes No What kind?

Do you give your pet any human food?