



MEDICAL HISTORY

DOG'S INFORMATION :

First Name : Last Name :
Date of Birth : Gender : Male Female
Address :
Phone Number : Email :

OWNER'S INFORMATION :

First Name : Last Name :
Phone Number: Gender : Male Female
Address :
Email : Emergency Contact

DOG'S IMMUNIZATON/ MEDICATION HISTORY

When was your dog last vaccinated?

Was your dog on any type of medication recently when any behavior problem incidents occurred?

Please Provide your dog's immunization and Vet history as an attachment to this form.

FLEA, TICK, & WORM PREVENTION:

Current Flea Treatment:

Current De-wormer:

Current Tick prevention:

Current Heartworm prevention:

What was the length of time your dog had consistent coverage for Fleas, Ticks, Intestinal and heart worms?

0-3 mths 3-6 mths 6-9 mths 9-12 mths 12+ mths

FOOD INFORMATION :

Dog Food Brand :

How much?

How Often?

What supplements do you give your dog?

What supplements do you give your dog?

DOG'S MEDICAL HISTORY

Are there any medical conditions that we should be aware of?

If yes, please provide details:

Any surgeries or hospitalizations in the past?

If yes, please provide details:

Any allergies? If yes, please provide details: