

BATTLEGROUND

HOSPITAL FOR ANIMALS

In order to help us best treat your pet today, please fill out the following information prior to leaving:

My Dog's Lifestyle (Circle One):

~~Lifestyle 1 - My Dog lives indoors and has no contact with other dogs, including grooming and/or boarding visits~~

Lifestyle 2 - My Dog lives indoors/outdoors, visits the groomer, stays for boarding or plays at the dog park/doggy daycare

Lifestyle 3 - My Dog lives outdoors, lives on a farm or is a working dog

Do you have any concerns today? _____

Has your pet ever shown signs of a vaccination reaction? If yes, please describe: _____

What diet does your pet eat? Please include any table scraps/treats: _____

Is your pet taking any medications including heartworm/flea/tick prevention? If yes, please provide type & dose: _____

Have you observed any of the following with your pet? If yes, please describe:

Coughing/Sneezing: _____

Vomiting/Diarrhea: _____

Stiffness/Soreness: _____

Lumps/Bumps: _____

Scratching/Licking/Hairloss: _____

Urinary/BM Problems: _____

Do you have a Doctor preference pertaining to who examines your pet today? _____

Thank you!