

Brook-Ellis Pet Hospital

Patient Information Sheet - *Canine*

Date _____ / _____ / _____
Color _____

Breed _____
Birth date _____ / _____ / _____

Male/Neutered Female/Spayed (circle all that apply)

1. Medical History *(please skip to #2 below if your pet is a returning patient)*

Please list dates of last vaccinations for the following:

(Okay to write name of doctor or hospital that administered if unsure of dates)

DHPP (Distemper/Hepatitis/Parvo) _____ RABIES _____
BB (Bordetella/Kennel Cough) _____ Other vaccines _____

Has your dog been tested for the following: **If yes, approximate date & results:**

Heartworm yes/no Date: _____ positive/negative
Fecal test yes/no Date: _____ positive/negative

Allergies (please specify) _____

Major Illnesses, surgeries or problems _____

Current/Recent Medications _____

If a choice is available, is it easier to give your dog: PILLS / LIQUID / UNKNOWN

2. Environmental History (please circle appropriate responses)

Resides: indoors only / outdoors only / indoors & outdoors

Diet: dry food only / canned food only / dry & canned / semi-moist

How much fed: (please note amounts in terms of 8oz. measuring cup or TBSP) _____

Please list brand names fed: _____

Eats table food: (please be honest ☺) frequently / occasionally / never

Drinks water: excessively / normally / seldom

Vomits: never / occasionally / frequently

Diarrhea: never / occasionally / frequently

Flea control: (please list brand and how often given and when was house/yard last treated): _____
