

Brook-Ellis Pet Hospital

Patient Information Sheet – Canine

Pet Name: _____
Breed: _____
Birth Date: ___/___/___

Date Adopted: ___/___/___
Color: _____
Microchip Number: _____
 Male/ Neutered Female/ Spayed

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

Please list dates of last vaccinations for the following:
(Okay to write name of hospital that administered if unsure of dates)

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

Has your dog been tested for the following:

Heartworm: Yes/ No
Fecal Test: Yes/ No

If yes, approximate date & results:

Date: ___/___/___ positive/ negative
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

Resides: Indoors Only / Outdoors Only / Indoor & Outdoors

Diet: Dry Only / Canned 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:

Brand: _____

Last Date Given: ___/___/___

How Often Given: _____

Do you treat your Home/Yard:

Home: Yes / No

Treated: ___/___/___

Yard: Yes / No

Treated: ___/___/___