



Dog Pre-Appointment Questionnaire

Dear Client: To make the best use of your time during your appointment and save you time in the office, please fill out the following questionnaire and return by email or print and bring to your appointment. Thank you.

Client Name _____ Phone _____
Your Dog's Name _____ Date of Appointment _____
Previous Veterinary Clinic _____ Phone _____

During your appointment – you can expect:

- Your dog will receive a complete nose to tail examination by the doctor. The doctor will inspect the mouth, teeth and ears, listen to the heart and lungs, feel the lymph nodes and internal organs, examine the skeletal and nervous systems, and evaluate the overall body condition.
- If your dog's age or condition warrants, the doctor may suggest blood work to set a baseline for internal organ function or to rule out certain conditions such as infections, anemia, diabetes, thyroid disease, or kidney disease.
- The doctor will make recommendations about parasite control, disease prevention, age-related issues, diet and general pet care to keep your dog healthy.

If you prefer, we can call your former clinic for vaccine history or you may fill in below. If we already have your pet's records, please answer only the questions appropriate to you.

Your Dog's Vaccine History

- 1 year rabies date given _____
- 3 year rabies date given _____
- DHLPP date given _____
- Lepto date given _____
- Bordetella date given _____
- Other vaccine: (Lyme, influenza, etc) date given _____

IMPORTANT: Additional Health Questions

- Approximate date last stool specimen check _____
- Last heartworm blood test date _____ Result _____
- What heartworm prevention do you use? _____
- What was the date of your dog's last heartworm pill? _____
- Will you need to refill your heartworm prevention at this appointment? Y/N
- What flea/tick prevention do you use with your dog? _____
- Will you need to refill your flea/tick prevention at this appointment? Y/N
- Have you noticed any changes in your dog's breath or evidence of dental problems?
- Have you ever had your dog's teeth cleaned? _____
- What diet do you feed your dog? _____ canned or dry? _____
- Is your dog on any medications? Y/N If so, what?

- Will you need to refill medication at this appointment? Y/N If so, what?

- What medical problems has your dog had?

Have there been any changes in your dog, whether subtle or new, since your last veterinary visit? Please note any particular concerns you have about your dog, including appetite, water intake, changes in behavior, breathing issues, bad breath or dental, ears (shaking head or scratching), elimination (urine/bowel), limping, lumps/bumps, skin or allergy problems, soreness or tenderness, weight changes or other:

Thank you. We look forward to meeting you and your pet!

Granville Veterinary Clinic
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