



# Canine Health Questionnaire

## CLIENT INFORMATION

Name: <first-name> <last-name> (<number>)

Address: <address>

City, State, Zip: <city>, <st> <zip>

## PATIENT INFORMATION

Name: <animal>

Birth Date/Age: <age-name> Sex: <sex-name>

Breed: <breed> ID: <id>

**Help us learn more about your dog's health by answering the following questions:**

yes or no Any changes in your dog's drinking or urination?

If yes, what changes have you noticed? \_\_\_\_\_

yes or no Has your dog's weight or appetite changed in the last year?

If yes, what changes have you noticed? \_\_\_\_\_

yes or no Have you noticed any new lumps or bumps on your dog?

If yes, where? Have they grown quickly? \_\_\_\_\_

yes or no Does your dog vomit or have diarrhea more than one time per week?

yes or no Does your dog's breath stink?

yes or no Do you have any questions about at-home dental care?

Does your dog have any of the following arthritis signs? (Check all that apply):

difficulty going up/down stairs

obvious limping/lameness

not going for as long of walks anymore  
getting tired easier

slipping on non-carpeted areas  
not playing/running as much

slow to get up after laying down  
difficulty getting into vehicles

yes or no If you have noticed any of these signs, are you interested in learning more about services or products that could help?

yes or no Do you have any concerns about fleas or ticks?

yes or no Does your dog have any history of allergies? (examples: vaccines, food, medications, seasonal, etc.)

If yes, please explain: \_\_\_\_\_

yes or no Do you have concerns about your dog's behavior?

If yes, please explain: \_\_\_\_\_

yes or no Do you have any major changes upcoming that could affect your dog?

If yes, please explain: \_\_\_\_\_

yes or no Are you interested in a microchip for your dog today?

yes or no Do you have any other concerns about your dog today? \_\_\_\_\_

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*Thank you for your help in answering these questions. It is so very important to ask these questions each year during your dog's yearly or semi-annual physical examination so that we can address the changes in your dog's life that might indicate early forms of disease. Oftentimes, these diseases can be easily treated or the symptoms controlled once we diagnose the underlying problem. With your assistance, it is our goal at City Way Animal Clinics to help your pets have long, healthy, and comfortable lives!*