



Wags 2 Whiskers

Veterinary Hospital

New Patient Form - Canine

Patient Name:	Owner Name:
Sex:	Spayed/Neutered? YES NO NOT SURE
Date of Birth (or approximate date):	Microchipped? YES NO NOT SURE
Breed:	Color:

For us to evaluate your dog, it is very important that you are his/her voice. We'll use this information to evaluate your dog's health and individualize the care your dog receives, including vaccinations and examinations.

Please answer the following questions to describe your dog's lifestyle:

My dog is typically:	INDOOR OUTDOOR BOTH
My dog lives with other dogs:	YES NO
My dog has been vaccinated within the past year:	YES NO
My dog is boarded or taken to dog parks:	YES NO
My dog has known vaccine reactions:	YES NO

Do you apply flea or heartworm prevention to your dog each month? If so, what do you use? _____

Is there anything else we should know about your dog? _____
