New Puppy History Form

Client________________________________ Patient________________________________ Date________

Breed________________________________ Sex_________________________________ Age________

Have you raised a puppy before?_______________________________________________

When did you acquire the puppy?______________________________________________

Where did you acquire the puppy?____________________________________________

Has the puppy had any vaccinations or previous veterinary care?____________________

What medications or supplements is your puppy taking?__________________________

What are you feeding your puppy? How much and how many times per day?__________

How are you house training your puppy?________________________________________

Are you using a crate? If yes please describe size and how it is being used__________

What is your reason for the visit today?________________________________________

If your puppy is having any health concerns how long have they been going on?_______

Is the problem getting better, worse, or staying the same?________________________

Is the puppy having any behavior concerns that you would like us to address today?____

What other pets do you have?______________________________________________