Olney-Sandy Spring Veterinary Hospital

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Adult Dog Questionnaire and Risk Assessment Survey

Your name: _____ Dog's name _____ Dog's age: _____ Today's date: _____

Please see the Senior Dog Questionnaire if your dog is a senior:

Weight of dog	Senior at age
Less than 20 lbs	10
21-50 lbs	9
51-90 lbs	8
Greater than 90 lbs	7

For new patients only:

Where did your dog come from and how long have you had him/her? _____

Has your dog been spayed or neutered? _____ When? _____ Where? _____

Please list any known medical history including vaccinations and dewormings: _____

_____

Please list the other pets in the household (dogs and cats), their names and ages: _____

_____

What is your dog eating and how often? _____

Please list any medications and supplements and when last given: _____

Please list any heartworm, flea or tick preventatives and when last given or applied: _____

Are you aware of any past vaccine reactions or allergies? Describe: _____

Has the dog had any coughing, sneezing, vomiting or diarrhea? (circle, if appropriate) Describe: _____

_____

(OVER)

Does your dog have any behavior or housetraining problems? _____

Where does your dog sleep? _____

Are there any small children or immunocompromized individuals in the household? _____

Do you have any boarding plans for your dog? _____

How much time does your dog spend outside? _____ Is it ever unsupervised? _____

Does your dog have exposure to pond, lakes or streams? _____

Do you have any travel plans with your dog? Where, when? _____

Will your dog go to a groomer, dog park or dog shows? _____

Have you seen any fleas or ticks on your dog? _____

What does your dog do for fun? _____

Do you have any specific concerns today? _____

_____