



New Puppy Questionnaire and Risk Assessment Survey

Today's date: _____

Your name (First and Last): _____

Puppy's name _____ Puppy's age/date of birth: _____

Where did you get your new puppy? _____

How long have you had him/her? _____

Do you plan to show or breed? _____ Has your puppy been spayed or neutered? When? _____

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

Do you have medical insurance for your pet? If so, what type? Does it cover wellness or just accident/illness? _____

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

What does your puppy eat? (Please be specific, listing type, brand, amount and frequency of feeding including snacks): _____

Please list ALL medications and supplements (including dose and frequency) and when it was last given: _____

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

(OVER)

Are you brushing your pet's teeth? If so, how often? _____

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

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

Does your puppy have any behavior or housetraining problems? _____

Where does your puppy sleep? _____ Are you crate training? _____

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

How much time is the puppy spending outside? _____ Is it ever unsupervised? _____

Will your puppy have exposure to ponds, lakes or streams? _____

Have you traveled outside of the state in the past 6 months – 1 year with your puppy? When & Where?

How does your pet travel in the car? (circle) Crate/carrier? Seat belt? Barrier? No restraint?

Do you have any travel plans with your puppy? If so, when and where? _____

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

Do you have any boarding plans for your puppy? _____

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

What does your puppy do for fun? _____

Do you have any specific concerns today? _____

