

NEW DOG QUESTIONNAIRE

Congratulations on your new dog!

LET'S COME TOGETHER TO START YOUR DOG OFF ON THE PATH TO GOOD HEALTH

Fill out this form if you have a new dog scheduled for a **FIRST VISIT** at our clinic

In order to make the most of your upcoming visit with our clinic, please tell us more about your new dog.

DOG NAME: _____ **AGE:** _____ **BREED:** _____

1. When did you bring your new dog home?

2. Where did you get your dog?

- Breeder Rescue
 Pet shop Other (please specify)

3. Did you meet your dog's mother?

- Yes No

4. How is your dog adjusting to living with you?

- Very well Not well
 We are getting there

5. How is house-training going?

- Very well Not well
 We are getting there

6. If you have other pets, how well is your new dog getting along with them?

- Very well Not well
 They are still getting used to each other

Date of last flea preventive/treatment (if known):

Date of last heartworm preventive (if known):

Date of last worm treatment/deworming (if known):

FOR OWNERS OF PUPPIES:

7. How is house-training going?

- Very well Not well
 We are getting there

8. How well is your dog responding to basic training commands (such as 'sit' and 'stay')?

- Very well Not well
 We are getting there

9. How is your dog doing when walking with a lead/harness?

- Very well Not well
 We are getting there

10. How does your dog respond to the sound of traffic, barking dogs or other noises?

- It does not bother my puppy
 Dog appears scared or hides
 Dog barks excessively

11. How does your dog respond to being left home alone?

- No problem
 Dog barks excessively or chews
 I have not tried leaving my dog yet

If your new dog has been vaccinated, please bring along your dog's vaccination records.

IF YOU HAVE ANY QUESTIONS BEFORE YOUR APPOINTMENT, CONTACT US AT:

Neighborhood Vet Clinic

###-###-####