the VETS Animal Hospital, PC
1295 Main St #7 (970)686-5025
Windsor, Co 80550 (970)686-5198 F

Client:_____ Date:_____

Pets name:_____ Age:_____

Canine Annual Wellness Questionnaire

(Circle yes or no to answer the following questions)

1.) Does your dog go to any of the following:

a.) Dog park	Yes	No
b.) Groomer	Yes	No
c.) Boarding Kennel	Yes	No
d.) Dog show/agility competitions	Yes	No

2.) Does your dog have exposure to any of the following:

a.) Wildlife (raccoons, deer, prairie dogs, other)	Yes	No
b.) Ponds, streams, lakes, other water sources	Yes	No
c.) Fleas or ticks	Yes	No

3.) Does your dog

a.) Live on acreage?	Yes	No
b.) Hunt wildlife?	Yes	No
c.) Live near or visit greenbelts?	Yes	No
d.) Go hiking or camping?	Yes	No

4.) Does your dog travel outside of Colorado? Yes No

If yes, where? _____

5.) Does your dog take monthly heartworm preventative?

a.) Year round
b.) May-November
c.) Never
d.) Date of last dose given _____

6.) What kind of food does your dog eat and how much? _____

7.) List any **OVER THE COUNTER OR PRESCRIPTION** medications your pet is receiving: _____

Is your pet acting his or her age?

(Check yes or no to answer the following questions)

Is your dog?	**Yes**	**No**
- Having changes in personality	☐	☐
- Interacting less often with family	☐	☐
- Responding less often or less enthusiastically	☐	☐
- Changing in behavior/activity level	☐	☐
- Having difficulty climbing stairs	☐	☐
- Having difficulty jumping	☐	☐
- Exhibiting signs of increased stiffness or limping	☐	☐
- Drinking more often	☐	☐
- Urinating more often	☐	☐
- Changing eating patterns	☐	☐

Is your dog?	**Yes**	**No**
- Visibly gaining or losing weight	☐	☐
- Losing house training habits	☐	☐
- Changing sleeping patterns	☐	☐
- Confused or disoriented	☐	☐
- Experiencing changes in hair coat, skin, or new lumps or bumps	☐	☐
- Scratching more often	☐	☐
- Exhibiting bad breath, red swollen gums	☐	☐
- Showing tremors or shaking	☐	☐
- Other: _____		