



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	Is your dog?	Yes	No
- Having changes in personality	<input type="checkbox"/>	<input type="checkbox"/>	- Visibly gaining or losing weight	<input type="checkbox"/>	<input type="checkbox"/>
- Interacting less often with family	<input type="checkbox"/>	<input type="checkbox"/>	- Losing house training habits	<input type="checkbox"/>	<input type="checkbox"/>
- Responding less often or less enthusiastically	<input type="checkbox"/>	<input type="checkbox"/>	- Changing sleeping patterns	<input type="checkbox"/>	<input type="checkbox"/>
- Changing in behavior/activity level	<input type="checkbox"/>	<input type="checkbox"/>	- Confused or disoriented	<input type="checkbox"/>	<input type="checkbox"/>
- Having difficulty climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	- Experiencing changes in hair coat, skin, or new lumps or bumps	<input type="checkbox"/>	<input type="checkbox"/>
- Having difficulty jumping	<input type="checkbox"/>	<input type="checkbox"/>	- Scratching more often	<input type="checkbox"/>	<input type="checkbox"/>
- Exhibiting signs of increased stiffness or limping	<input type="checkbox"/>	<input type="checkbox"/>	- Exhibiting bad breath, red swollen gums	<input type="checkbox"/>	<input type="checkbox"/>
- Drinking more often	<input type="checkbox"/>	<input type="checkbox"/>	- Showing tremors or shaking	<input type="checkbox"/>	<input type="checkbox"/>
- Urinating more often	<input type="checkbox"/>	<input type="checkbox"/>	- Other: _____		
- Changing eating patterns	<input type="checkbox"/>	<input type="checkbox"/>	_____		