



Pet Profile

General Information

Pet Name _____

Breed _____ Color/Markings _____

Gender M F Spay/Neuter? Y N Birthday _____ Wt _____

1. Has your pet seen a veterinarian within the last year? If so, which one and for what reason? _____

2. Where did you get your pet? _____

3. If you have not had the pet its whole life, do you have any knowledge of the animal's past history? If yes, please describe. _____

4. List the people in your household (please include the ages of any children). _____

5. Describe how your animal behaves around children. _____

6. List the other animals in your household.

Species	Breed	Age	Gender	Spay/Neuter
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Describe how your pet behaves around other animals. _____

Health and Grooming

8. Does your pet have any known existing health conditions? If so, please explain _____

Do these health issues place any restrictions on your animal's activities? If so, please explain _____

9. Is your pet currently on regular heartworm and/or flea control. If so, what kind? _____
10. Does your pet take any regular medications? If yes, what kind and how often? _____

11. Does your pet have any known allergies? If yes, please list them _____

12. Does your pet like to be brushed? If yes, how often do you brush your pet? _____
13. How does your pet react to having his/her nails clipped? _____
14. How does your pet react to being bathed? _____
15. Does your pet have any sensitive areas on his/her body? _____
16. Where and how does your pet like to be petted? _____

Behavior

17. How does your pet react to strangers coming into your home or yard? _____
18. Does your dog ever bark or growl at anyone passing by your home or yard? _____
19. Are there any kinds of people or other animals your pet automatically fears or dislikes? _____

20. Where does your pet normally sleep? _____
21. How much time does your pet normally spend outdoors? _____
22. Does your animal walk well on a leash? _____
23. How many times per week is your pet walked? _____
24. Has your dog ever jumped on someone? If so, what were the circumstances? _____

25. Has your pet ever growled at anyone? If so, what were the circumstances? _____

26. Has your pet ever bitten anyone? If so, what were the circumstances? _____

27. Has your pet ever climbed or jumped over a fence? If so, how high was the fence? _____
28. Is your pet frightened by any noises? _____
29. Have you ever tried to take food or toys away from your pet? If so, what happened? _____
30. Has your pet shared food or toys with another animal? _____
31. Does your pet enjoy playing with toys? If so, what kind? _____
32. What games does your pet enjoy? _____
33. Has your pet had any formal obedience training? If so, what commands does your pet respond to? _____

Please indicate any of the following that are of a concern to you regarding your pet's behavior or health.

- | | |
|--|--|
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Straying from home |
| <input type="checkbox"/> Housebreaking | <input type="checkbox"/> Itching/Scratching |
| <input type="checkbox"/> Wetting/Spraying in the house | <input type="checkbox"/> Overly excitable behavior |
| <input type="checkbox"/> Problems around children | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Shedding | <input type="checkbox"/> Clawing or digging |
| <input type="checkbox"/> Jumping Up | <input type="checkbox"/> Bad breath |
| <input type="checkbox"/> Other: _____ | |

For geriatric patients (pets over 7 years old): Please indicate which of the following are a concern to you regarding your pet's behavior or health.

- | | |
|--|---|
| <input type="checkbox"/> Difficulty climbing stairs | <input type="checkbox"/> Excessive barking |
| <input type="checkbox"/> Difficulty jumping up | <input type="checkbox"/> Less interaction with family |
| <input type="checkbox"/> Increased stiffness or lameness | <input type="checkbox"/> Decreased responsiveness |
| <input type="checkbox"/> Loss of housetraining | <input type="checkbox"/> Tremors or shaking |
| <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Skin or haircoat changes |
| <input type="checkbox"/> Increased Urination | <input type="checkbox"/> Changes in sleeping patterns |
| <input type="checkbox"/> Changes in activity level | <input type="checkbox"/> Less enthusiastic greeting or behavior |
| <input type="checkbox"/> Excessive panting | <input type="checkbox"/> Altered appetite |
| <input type="checkbox"/> Circling/ Repetitive movements | <input type="checkbox"/> Weight change |
| <input type="checkbox"/> Confusion or disorientation | <input type="checkbox"/> Other: _____ |

Please include any comments or additional information we should know about your pet.
