



New Pet Questionnaire

1. Where did you get your new pet?

- a. Friend
- b. Pet Shop, where? _____
- c. Breeder, who? _____
- d. Shelter, where? _____
- e. Other: _____

2. How long have you had your new pet? _____

3. Has your pet received any medical treatments?

- a. Yes, where? _____ What? _____
- b. No

4. If the pet is not puppy/kitten, is your pet on any medications?

- a. Pet is a puppy/kitten
- b. No
- c. Yes, what? _____ How often? _____

5. What type of food are you feeding your new pet? _____

How much/often? _____

6. Current on flea/tick and HW prevention?

- a. Yes, type: _____
- b. No

7. Have you noticed fleas/ticks?

- a. Yes
- b. No

8. Will your pet go to boarding/daycare, grooming, dog parks, hiking, etc., or have access to lakes, ponds, streams, or rivers?

a. Yes, which ones? _____

b. No

9. Do you have any specific concerns today?

a. Yes, specify: _____

b. No

10. Would you like a nail trim today?

a. Yes

b. Yes, add dremel

c. No