

Health questionnaire and life habits of the dogs

Owner's Name: _____

Owner's e-mail _____

Dog's Name _____

Please choose or indicates your responses:

Part 1 – Characteristics of the dog and life habits

Age of the Dog ☐ 3 - 12 months ☐ > 12 months

Sex of the Dog F ☐ M ☐ (neutered yes ☐ no ☐)

Dog Breed _____

1. Does your dog go outdoors or stay indoors?

indoor ☐

outdoor ☐

2. Does your dog ever go to dogs' gathering areas, public parks or any other places where dogs meet?

Yes ☐ No ☐

Part 2 – Medical history

3. Has your dog had a coprological examination for endoparasites in the last year?

Yes ☐ No ☐

If yes, please list kind of parasites found: _____

If yes, please list type of treatment used: _____

4. Have you found ectoparasites on your dog in the last year?

Yes ☐ No ☐

If yes, please list ectopesticides you used: _____

5. Have you found fungus and mites on your dog's skin in the last year?

Yes ☐ No ☐

If yes, please list kind of fungus and mites found: _____

If yes, please list treatment used: _____

6. Which vaccines does your pet usually receive?

- Rabies ☐
- Distemper ☐
- Parvo ☐
- Leptospirosis ☐
- Bordetella ☐
- CAV-1 (canine adenovirus type 1) ☐

7. Has your dog had an examination for *Ehrlichia* antibody titers in the last year?

Yes ☐ No ☐

8. Has your dog had an examination for *Leishmania* antibody titers in the last year?

Yes ☐ No ☐

9. Has your dog had a blood streak for Heartworm in the last year?

Yes ☐ No ☐

10 Please list/describe any previously diagnosed illnesses, chronic conditions, and past surgeries related to your dog:

11. Please describe any health concerns you may have at this time:

12. Please, indicates any recent or ongoing antibiotic treatment:

Date: __/__/__