



One Love Animal Hospital

If you love your pet as much as you love yourself, then One Love is the place for you.

CANINE ANNUAL WELLNESS VISIT QUESTIONNAIRE

Date: _____

Your Name: _____

Pet Name: _____

HISTORY:

Since your last visit, has your pet experienced any of the following?

Hospitalization or emergency treatment at another facility Yes No

If yes, what is the name of this facility? _____

When did this occur? _____

Was the cause of this emergency care related to your pet's ongoing illness? Yes No

If no, what was the nature of this visit? _____

Was your pet prescribed any medication? Yes No, and is your pet still taking this medication? Yes

No. If you answer yes to both of these questions, list the medication under CURRENT MEDICATIONS.

Serious illness/injury Yes No

If yes, list the illness/injury _____

Surgeries/Dentals/Procedures Yes No

If yes, list the procedure _____

Changes to home/environment Yes No. Please describe. _____

Introduction of a new pet(s) to household Yes No

If yes, how many and what species? _____

Are they currently vaccinated and on heartworm and flea prevention? Yes No

Travelled outside of the greater New York area Yes No Where to? _____

For how long? _____ Mode of transportation: Car Plane Other _____

Any coughing, sneezing, vomiting or diarrhea within the past 72hrs? Yes No

If yes, when did you first notice these symptom(s)? _____

Have you noticed any recent problems (behavioral/physical) with your pet? Please describe. _____

What type of food do you feed your pet? (Brand Name; Wet/Dry) _____

How much do you feed and how often/day? _____

How would you describe their appetite? _____

How would you describe your pet's lifestyle? _____

Couch Potato (Never goes out/Only goes out in a confined yard and does not contact with other animals)

Couch Potato with Boarding (Only goes out in a confined yard/Goes to a groomer and/or boarding facility)

Active Lifestyle (Goes on daily walks/Attends boarding, daycare, or grooming facilities)

Active Lifestyle with Boarding (Same as Active Lifestyle but also runs in fields and woods with exposure to wildlife, and outside of the greater New York area.)

CURRENT MEDICATIONS (Use reverse side if necessary.):

Name of Medication:	Dose (mg/day, ml/day, tablets/day):	Date started/purpose:

Please check all that apply to your dog:

BEHAVIOR/NEUROLOGIC

- My dog is just not acting like himself/herself.
- My dog is not seeking as much attention and interacts less with the family.
- My dog seems confused or disoriented.
- My dog has been barking or howling excessively for no apparent reason.
- My dog's sleeping patterns have changed.
- My dog has had tremors or episodes of shaking.
- My dog has displayed circling, head tilts, or repetitive movements.

BODY FUNCTIONS

- My dog has bad breath and red or swollen gums.
- My dog has difficulty chewing.
- My dog's eating habits have changed.
- My dog has gained/lost weight. (Circle one.)
- My dog is drinking more than usual.
- My dog is urinating more frequently than usual.
- My dog's house-training habits have changed and he/she sometimes has accidents.
- My dog's bowel habits have changed (increased frequency, diarrhea, constipation, straining). (Circle all that apply.)
- My dog vomits more than occasionally.
- My dog seems to have trouble seeing or hearing.

HEART/LUNGS

- My dog has been coughing or seems winded after walking or playing.
- My dog seems to be panting more.
- My dog tires more rapidly or seems short of breath.

ACTIVITY/ORTHOPEDICS

- I have noticed a changes in my dog's behavior or activity level.
- My dog has difficulty jumping to counter/bed.
- My dog seems limp or seems stiff and has difficulty rising from a resting position.
- My dog shows signs of pain (hiding, unusually quiet, or vocalizing).

SKIN AND COAT

- My dog scratches, licks, and chews excessively.
- My dog has changes in haircoat, skin, or new lumps or bumps.
- My dog's skin has an odor and/or I have noticed changes in grooming habits.

How old is my dog?

Circle your dog's age in human years.

AGE	DOG'S AGE IN HUMAN YEARS				
	0-20 lb	20-50 lb	50-90 lb	>90lb	
1	7	7	8	9	
2	13	14	16	18	
3	20	21	24	26	
4	26	27	31	34	ADULT
5	33	34	38	41	
6	40	42	45	49	SENIOR
7	44	47	50	56	
8	48	51	55	64	
9	52	56	61	71	
10	56	60	66	78	GERIATRIC
11	60	65	72	86	
12	64	69	77	93	
13	68	74	82	101	
14	72	78	88	108	
15	76	83	93	115	
16	80	87	99	123	
17	84	92	104	131	
18	88	96	109	139	
19	92	101	115		
20	96	105	120		
21	100	109	126		
22	104	113	130		
23	108	117			
24	112	120			
25	116	124			

What foods and treats are you currently feeding your dog? _____

How often? _____

Do you have any specific questions or concerns about your dog? _____
