

**GENERAL HEALTH AND WELL BEING  
(PLEASE FILL OUT ONE SHEET PER DOG)**

VETERINARY'S NAME AND PHONE \_\_\_\_\_

WHEN WAS YOUR DOG LAST INOCULATED FOR THE FOLLOWING  
VACCINATIONS: PLEASE GIVE VACCINATION NEXT **DUE** DATE

RABIES \_\_\_\_\_ DHPP \_\_\_\_\_ BORDATELLA \_\_\_\_\_

WHAT IS YOUR CURRENT METHOD OF FLEA/TICK CONTROL?

\_\_\_\_\_

WHEN WAS IT LAST APPLIED? \_\_\_\_\_

IS YOUR DOG ON MONTHLY HEARTWORM MEDICATION? **YES** **NO**

WAS YOUR DOG DE-WORMED IN THE PAST 6 MONTHS? **YES** **NO**

HAS YOUR DOG EVER HAD KENNEL COUGH? **YES** **NO**

IF YES WHEN? \_\_\_\_\_

HAS YOUR DOG BEEN ILL IN THE LAST 30 DAYS? **YES** **NO**

IF YES, EXPLAIN \_\_\_\_\_

DOES YOUR DOG HAVE ANY MEDICAL CONDITIONS? **YES** **NO**

IF YES PLEASE EXPLAIN \_\_\_\_\_

HAS YOUR DOG HAD SURGERY IN THE PAST YEAR? **YES** **NO**

IF YES, EXPLAIN \_\_\_\_\_

DOES YOUR DOG HAVE ANY ALLERGIES? **YES** **NO**

IF YES, PLEASE LIST TRIGGERS AND DESCRIBE SYMPTOMS

WHAT IS YOUR DOG'S ENERGY LEVEL ON A SCALE OF :

**1    2    3    4    5    6    7    8    9    10**

HOW DOES YOUR DOG REACT TO NEW PEOPLE?

PLEASE CIRCLE ALL THAT APPLY

SHIES AWAY                      BITES                      BARES TEETH                      BARKS  
WITH A FRIENDLY GREETING                      SNIFFS                      LICKS

DOES YOUR DOG HAVE ANY OF THESE ISSUES? CIRCLE ALL THAT APPLY

SEPARATION ANXIETY      GROWLING      EXCESSIVE BARKING  
LEASH/COLLAR AGGRESSION      EATING RANDOM OBJECTS  
BITING      FOOD AGGRESSION      TOY AGGRESSION                      JUMPING

**DIET**

TYPE & BRAND OF FOOD \_\_\_\_\_

HOW MUCH PER FEEDING & HOW OFTEN \_\_\_\_\_

SPECIAL DIET INSTRUCTIONS \_\_\_\_\_

**MEDICATIONS**

NAME OF MED \_\_\_\_\_

DOSAGE AND FREQUENCY TO BE GIVEN \_\_\_\_\_

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