

Puppy First Visit History Form

Client Name _____

Patient Name _____

Appointment Date: _____

List any major concerns and expectations for today:

Who is your pet's insurance carrier?

Do you know what your deductible is currently set at?

Please name your other healthcare professionals your pet is seeing. (holistic, acupuncture, chiropractor, specialist, etc.)

****PREVIOUS RECORDS: We prefer to have previous medical records prior to your appointment so we may serve you and your pet to the best of our ability.**

What medications and supplements does your pet take?

Medication/Supplement Name:

What dose is the medication? (IE: 50mg)

How often do you give this medication? (IE: 2 times a day)

Medication/Supplement Name:	What dose is the medication? (IE: 50mg)	How often do you give this medication? (IE: 2 times a day)

Tell us about your puppy!!

Where did you get your puppy and when did you bring him/her home?

What vaccinations and de-worming treatments has your puppy already received?

Is your puppy house trained? If not, how is training going?

Have you enrolled/attended any training classes?

Is your puppy friendly towards adults, children and other dogs?

Has your puppy shown any signs of anxiety?

Has your puppy shown any signs of toy or food aggression?

NUTRITION:

What brand of food do you feed your pet?

Is this food dry or wet?

Dry Wet Both

How much food do you feed your pet in one meal?

How many meals does your pet get in one day?

What treats does your pet enjoy?

Has your pet had any change in frequency of drinking?

DENTAL:

How often do you brush your pets teeth?

Do you offer any treats that promote dental health? (CET Chews, etc.)

Yes No

Do you use water additive to promote dental health?

Yes No

Other dental hygiene routines not listed?

HOME CARE:

Do you brush your pets coat?

Yes No

If yes, how often?

Do you trim your pets nails?

Yes No

If yes, how often?

Do you clean your pets ears?

Yes No

If yes, how often?

Do you bathe your pet?

Yes No

If yes, how often?

TRAVEL:

Does your pet get sick on car rides?

Yes No

Do you travel with your pet?

Yes No

If yes, where and when?

ACTIVITY AND BEHAVIOR:

Do you take your pet on leashed walks?

Yes No

If yes, how often and how long do these walks last on average?

Do you take your pet to the dog park?

Yes No

If yes, how often?

Do you run with your pet?

Yes No

If yes, how far do you run and how often?

Do you board your pet?

Yes No

Do you take your pet to doggie care?

Yes No

Is your pet experiencing any changes in the following activities:

	No Changes	Increased	Decreased	Comments:
Drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defecation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is your pet experiencing any of the following symptoms:

	No	Yes	Unsure	Comments:
Lethargy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limping/Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, which leg(s) are affected?
Lumps/Bumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scratching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	









Do you have any other questions or concerns about your pets health that you would like us to address during your appointment?

WEIGHT:

The Body Condition Score is an estimation of your pets percentage of body fat.

(Please select where you believe your pets Body Condition Score is below)

Nestlé PURINA
BODY CONDITION SYSTEM

TOO THIN	1	Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.	
	2	Ribs, lumbar vertebrae and pelvic bones easily visible. No palpable fat. Some evidence of other bony prominence. Minimal loss of muscle mass.	
	3	Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible. Pelvic bones becoming prominent. Obvious waist and abdominal tuck.	
IDEAL	4	Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.	
	5	Ribs palpable without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed from side.	
TOO HEAVY	6	Ribs palpable with slight excess fat covering. Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.	
	7	Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.	
	8	Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distention may be present.	
	9	Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.	

The BODY CONDITION SYSTEM was developed at the Nestlé Purina Pet Care Center and has been validated as documented in the following publications:
 Mawby D, Borges JW, Meyers T, et al. Comparison of body fat estimates by dual-energy x-ray absorptiometry and deuterium oxide dilution in client owned dogs. *Compendium* 2001; 23 (9A): 70
 Laflamme DP. Development and Validation of a Body Condition Score System for Dogs. *Canine Practice* July/August 1997; 22:10-15
 Keady, et al. Effects of Diet Restriction on Life Span and Age-Related Changes in Dogs. *JAVMA* 2002; 220:1315-1320

Call 1-800-222-VETS (8387), weekdays, 8:00 a.m. to 4:30 p.m. CT

Nestlé PURINA

	I believe my dog has a body condition score of 1.
	I believe my dog has a body condition score of 2.
	I believe my dog has a body condition
	I believe my dog has a body condition score of 4.
	I believe my dog has a body condition score of 5.
	I believe my dog has a body condition score of 6.
	I believe my dog has a body condition score of 7.
	I believe my dog has a body condition score of 8.
	I believe my dog has a body condition score of 9.