

New Dog Questionnaire



Congratulations on your new family member! To allow the doctor to custom tailor a vaccination protocol for your new dog based upon his/her individual disease risks, we are asking that you take a few moments to answer the following questions. This helps to ensure that your new dog is protected from diseases that are relevant to his/her anticipated lifestyle.

	Yes	No
1. Do you currently have dogs or have you had dogs before?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, are/were you the primary caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you planning to attend a dog training class with your new dog?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you plan to take your dog to dog parks or pet stores?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you plan to board your dog or take your dog to a groomer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you plan to bring your dog hiking, camping, hunting, or fishing?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you plan to bring your dog along while visiting Northeast Iowa, Minnesota, Wisconsin, or the Northeastern United States?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your new dog microchipped?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have pet insurance for your new dog?	<input type="checkbox"/>	<input type="checkbox"/>
10. When did you bring your new dog home? _____		
11. Where did you get your new dog? _____		
12. How do you plan to exercise you new dog? (please check all that apply)		
<input type="checkbox"/> Fenced Yard <input type="checkbox"/> Leash Walks <input type="checkbox"/> Dog Park <input type="checkbox"/> Other: _____		
13. Who else lives in your home?		
<input type="checkbox"/> Other Adults		
<input type="checkbox"/> Children (please list ages): _____		
<input type="checkbox"/> Other pets (please list): _____		
14. Diet:		
Brand of current diet: _____		
Number of meals per day: _____ Amount per meal (cups of food): _____		
Are you planning to switch diets? _____ To which diet? _____		
15. Is your new dog on any medications or on parasite prevention? _____		
16. Do you have any concerns about your new dog? _____		

