Health Information

How often do you Eat:_____ Around what Time? AM:_____PM:_____
Brand of Dry Food:_____Brand of Wet Food:_____
Quantity of Dry: _____Quantity of Wet:_____
Do you Add Water to the Food? _____ If so, how much?_____
Do you Mix the Foods Together? **Yes No** Do You Leave the Food down?_____ For How Long? _____
Special Instructions:_____

_____

Do you use a Raised Bowl to Eat? **Yes No** If Yes, about How High?_____

Treats:_____How Often?: _____

Any Special Instructions?_____
Are You Food Aggressive? **Yes No** If so, with People or Animals?_____

What do you do? _____

Medications

Heartworm Prevention: _____ ***Last Given:***_____
Flea and Or Tick Prevention:_____ ***Last Given:***_____

Medication	***Dose***	***Amount***	***How many Times***	***Route***	***Reason***

Do any of these Medications Need to be refrigerated? **Yes No If Yes:**_____

Are you allergic to Peanut Butter? Yes No Not Sure _____
Allergies to Food: **Yes No Not Sure** If Yes:_____
Any Topical Allergies: **Yes No Not Sure** If Yes:_____
Other: _____

Have you ever been under Anesthesia Before? **Yes No** Any Complications? _____
Surgery _____Clinic_____Date_____
Surgery _____Clinic_____Date_____
Surgery _____Clinic_____Date_____

Have you ever been diagnosed with any disease or Medical Condition?_____

_____

Have you ever been seen for an Emergency?_____

_____

Anything else we should know about you?_____

_____

Guardians Signature _____ ***Date*** _____

Thank you! We look forward to having you become a part of Your Family!