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Canine Wellness Screening Questionnaire

Your Dog's Name: _____

Date: _____

Your Name: _____

Has your contact information changed? Yes No
 Please provide updated info on reverse side

Life Style – Indoor/Outdoor (choose 1)

1. Indoor – My dog lives inside predominantly, although he/she may go outside for supervised walks
2. Outdoor – My dog spends more than 50% of the time outside or may be regularly outside in unsupervised situations.

Life Style – Social/Solitary (choose 1)

1. Social – My dog lives with other dogs or regularly encounters other dogs, including walks, boarding, and/or grooming.
2. Solitary – My dog rarely, if ever, encounters other dogs

Life Stage: (Choose One)

Puppy – (up to 12 months) Adult – (1 yr to 6 yrs old) Senior (7 yrs and older)

Special Conditions (circle any that may be applicable)

Pregnant/Nursing Dog Service/Working Dog Stray

Special Needs (circle any that may be applicable)

1. My dog has allergies.
2. My dog has a chronic condition/disease. (Please specify _____)
3. My dog takes the following medications on a regular basis: _____

Nutrition – What food(s) do you feed your dog? _____

What treat(s) do you feed your dog? _____

Heartworm/Flea Preventatives –

What heartworm preventative does your dog use? _____

What flea preventative does your dog use? _____

Environmental/Other Conditions

Please Circle One

1. Is there wildlife in your area, such as, deer, mice, squirrels, birds, opossums, raccoons, or skunks?	Y	N
2. Have you seen fleas on you or your dog recently?	Y	N
3. Have you seen ticks on you or your dog recently?	Y	N
4. Have you seen mosquitoes near where your dog goes outdoors?	Y	N
5. Does your dog have an opportunity to drink from water outdoors (ponds, puddles, water bowls, etc.)?	Y	N
6. Do you ever take your dog to a groomer or a boarding facility?	Y	N
7. Do you ever take your dog to pet shows?	Y	N
8. Do you hunt with your dog?	Y	N
9. Has your dog ever missed a heartworm dose by more than 2 weeks?	Y	N
10. Has your dog ever become sick after receiving a vaccination?	Y	N
11. Do you vacation with your dog in areas where Lymes disease is present?	Y	N
12. Do you vacation with your dog during the winter months where fleas are present?	Y	N

Please complete information on page 2

Unusual Behavior (has your dog experienced any of the following since the last visit)

Please Circle One

1. Coughing	Y	N
2. Diarrhea	Y	N
3. Eating more than usual	Y	N
4. Eating less than usual	Y	N
5. Excessive drinking of water, panting, scratching, or urination	Y	N
6. Vomiting	Y	N
7. Weight gain or weight loss	Y	N
8. Does your dog have trouble getting up in the morning?	Y	N
9. Does your dog show signs of weakness or imbalance?	Y	N
10. Does your dog show an unwillingness to exercise?	Y	N
11. Do you have any problems walking your dog?	Y	N
12. Does your dog experience inappropriate urination?	Y	N
13. Does your dog have inappropriate bowel movements?	Y	N
14. Does your dog exhibit any of the following behaviors:		
a. Separation problems	Y	N
b. Fear	Y	N
c. Aggression	Y	N
d. Fear of thunderstorms or fireworks	Y	N

Please update your contact information if it has changed since your last visit.

Your Name: _____
(Last Name) (First Name) (MI)

Spouse Name: _____
(Last Name) (First Name) (MI)

Address: _____ City/Zip Code: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Spouse Cell: (____) _____

Email: _____

Emails are used strictly by us to provide you with important information and are not released to other

Signed _____

Date _____

By signing this document, you give us permission to contact you by phone, fax, email, and/or regular mail in the future about your pets. This information is strictly for conducting business between Big Creek Pet Hospital and you. We will not sell your information to an outside company. We will ask your permission prior to sharing your pet's records with any other veterinarian and/or group.

(If this document is returned by email, please sign our copy when you are here for your pet's appointment.)