



ADVANCED CARE VETERINARY HOSPITAL

12443 POWAY ROAD, POWAY, CA 92064
P: 1-858-486-8860 F: 1-858-486-0810

DATE OF APPT: _____

TIME OF APPT: _____

DVM: _____

New Puppy History

Date: _____	Pet's Name: _____
Owner's name: _____	Canine or Feline: _____
Phone Number: _____	Color/Breed: _____
Person(s) that will be bringing in pet: _____	Date of birth or Age: _____
_____	Weight (if known): _____

	Yes	No
Does your pet go outside (dog parks/beaches, grooming, boarding/daycare, hiking, around the neighborhood)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns with puppy training that you would like us to discuss?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet currently enrolled or going to be enrolled in a puppy class or some form of professional puppy training?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet crate trained or currently being trained?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet potty-trained or currently being trained?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet currently eating a "Puppy" Food? What brand and formula? Amount being fed? (ie: 1 cups three times daily): _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you give any supplements?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have a tendency to chew on or eat any non-food items?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have any fears?	<input type="checkbox"/>	<input type="checkbox"/>
Have you seen your pet's parents?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous experience with this breed of dog?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other animals in the home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children in the home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a yard?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to take your pet hiking or to dog parks/beaches in the future?	<input type="checkbox"/>	<input type="checkbox"/>
If your pet came from a breeder, do you have any documentation of parent's health? (ie: OFA certification)	<input type="checkbox"/>	<input type="checkbox"/>

How did you obtain this puppy?: Breeder Shelter Craigslist Rescue Other: _____

What made you choose this puppy?: _____
