

Client Sticker



We're glad you and _____ are here.

Is the address, phone number, and email address we have listed above correct?

Yes No, change it to _____

Home phone number: () _____ - _____

Cell phone: () _____ - _____ Name: _____

Cell phone: () _____ - _____ Name: _____

What kind of food does your pet eat?

Dry Wet

Brand? (i.e. Science diet, Royal Canin, Purina, etc.) _____

Variety/Flavor? (Puppy/Adult/Mature, Chicken/Beef, etc.) _____

How often do you feed your dog? Once daily Twice daily 3 times daily Free feed

Amount per feeding? _____

If you feed by volume, what measuring device do you use? _____

Do you give your dog treats, bones, or other chews? Yes No

If so, what kind and how often? _____

Do you give your dog any medications or supplements?

Yes, _____ No

How would you describe your dog's weight? Underweight Ideal weight Overweight

How active is your dog? Very active Moderately active Total couch potato

On average, how much time does your dog spend outside per day?

less than 1 hour 2-3 hours 4-5 hours 6+ hours lives outdoor

Do you use a crate or kennel with your dog? Yes No

Do you use flea and tick preventative with your dog? Yes No

If yes, what kind? Topical Collar Chewable

Do you use it all year round? Yes No

Continued on back



Do you give your dog heartworm preventative? Yes No

Do you use it all year round? Yes No

Does your dog have frequent exposure to other dogs? Yes No

If yes, where? Boarding kennel/Dog day care Groomer Dog parks Training classes

On a scale of 1-5 how fearful or anxious is your dog about coming to his/her vet appointments?

1 Not at all	2 Barely	3 Somewhat	4 Very	5 Extremely
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I have concerns about... (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Itching/Scratching | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Licking or Chewing Paws | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Shaking head | <input type="checkbox"/> Excessive water intake |
| <input type="checkbox"/> Discharge from eyes
or nose | <input type="checkbox"/> Dirty and/or stinky ears | <input type="checkbox"/> Change in attitude |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Soreness/stiffness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clawing/digging | <input type="checkbox"/> Loss of hearing | _____ |
| <input type="checkbox"/> Excessive barking | <input type="checkbox"/> Loss of sight | _____ |
| <input type="checkbox"/> Trouble potty training | <input type="checkbox"/> Development or change
in skin lump | |

We want to know how we can serve you and your pet(s) better. What services would you most likely utilize if offered?

- | | | |
|--|--|--|
| <input type="checkbox"/> *Acupuncture | <input type="checkbox"/> Online or text message | <input type="checkbox"/> Referral rewards |
| <input type="checkbox"/> *Cold laser therapy | prescription refill requests | <input type="checkbox"/> Value packages |
| <input type="checkbox"/> Basic Grooming | <input type="checkbox"/> Online appointment requests | <input type="checkbox"/> Weekend/evening hours |
| <input type="checkbox"/> Obesity Management | <input type="checkbox"/> Payment plans | |

* These are treatments most often used to manage chronic pain