

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

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

Have you ever known your dog to bite? Yes No

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?

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|--|---|--|
| <input type="checkbox"/> *Acupuncture | <input type="checkbox"/> Online or text message | <input type="checkbox"/> Referral rewards |
| <input type="checkbox"/> *Cold laser therapy | <input type="checkbox"/> 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 used to manage chronic pain