



## Canine Health History Form

Date: \_\_\_\_\_ Pet Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Purebred (P) or Mixed (M)? \_\_\_\_\_

If she or he is a rescue dog, where did you obtain him or her?

\_\_\_\_\_

Vet's Diagnosis: \_\_\_\_\_

List of medications & supplements:

\_\_\_\_\_

Has your dog had any surgeries, x-rays, and/or blood tests? If so, please describe findings:

\_\_\_\_\_

\_\_\_\_\_

Has he or she been diagnosed with Lyme's Disease, Cancer, or Arthritis? Please describe:

\_\_\_\_\_

\_\_\_\_\_

If your veterinarian has identified any symptoms, please describe them here:

\_\_\_\_\_

What are your dog's symptoms from your point of view?

\_\_\_\_\_

\_\_\_\_\_

When did they start? \_\_\_\_\_ What makes your dog feel better / worse?

\_\_\_\_\_

Please give a description of your dog's diet (include brand of food, table scraps, treats):

\_\_\_\_\_