



102-50 Sage Creek Blvd
Winnipeg, MB
R3X 0J6
Phone: (204)255-1150
Fax: (204)255-1244

Wellness Form - Dog

Client and Patient Information

Owner Name: _____
Phone Number: _____
Email Address: _____
Patient Name: _____

Is your pet anxious at the vet. No Yes , *Details:* ____

Patient Questions

How long has your pet been living with you? ____
Does your pet live: Indoor Outdoor or Both
Travel History (outside Manitoba) over the past year: ____
Any planned or potential travel outside of Manitoba in the coming year?
Any major household changes (ie: new house, new job/schedule, new people/baby, renovations)
Does your pet live or interact with any other types of animals: No Yes , *Details:* ____
Has your pet been to the Emergency Vet since your last visit?
Previous Vaccine or Drug Reactions: No Unknown Yes , *Details:* ____
Is your pet on Heartworm Prevention (June-November): Yes No Picking up at appointment
Is your pet on Tick Prevention (March-November): Yes No Picking up appointment
Is your pet currently diagnosed with any illnesses? No Yes , *Details:* ____
Is your pet currently receiving any medication or supplements? No Yes , *Details:* ____
Would like to include any other points of your pet's history? ____
Is your pet having other issues that you would like our veterinarian to check? ____
Who is your pet insurance provider and plan number? ____ Already on file N/A I would like more information
Can we use pet photos online? Yes No

Nutrition:

Dry Food Brand: ____ Fed Since: ____ Amount: ____ Feedings/day: ____
Wet Food Brand: ____ Fed Since: ____ Amount: ____ Feedings/day: ____
Other Food/Treats (include quantity and frequency): ____
Do you have concerns about your current nutritional plan? Yes No *Details:* ____
Would you like a nutritional recommendation? Yes No
Fecal Score: __/7 [see chart](#)
How often do you brush your pets teeth: ____

Does your pet have any of the following:

Coughing
Sneezing
Vomiting
Diarrhea
Changes in thirst
Changes in appetite
Changes in urination
Changes in bowel movement
Changes in activity level
Limping or Stiffness
Vision Changes
Hearing Changes
Increased shedding, licking, scratching
Changes in sleeping patterns
Behaviour changes
Changes in interactions with people or other pets



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Weight Changes
New lumps or bumps
Change in odor

Does your pet go to any of the following locations

Grooming
Boarding
Training
Daycare
Dog Shows
Dog Parks
Interact with children under 5 years of age
Interact immunocompromised individuals
Interact with seniors
Hunting
Hiking
Camping
Around livestock animals
Around any areas with lots of vermin
Swims, wades or drinks from rivers, lakes, ponds, puddles