



Claus Paws
Animal
Hospital

6700 NE 162nd Ave, Suite 420 • Vancouver, WA 98682 • 360-896-7449

Dog Information

Date _____

Dog's Name _____ Owner's Name _____

Breed _____ Color _____

Birthdate _____ Microchip # _____

Sex: Male Female Is your dog spayed or neutered? Yes No

How long have you had your dog? _____

Please list your dog's most recent vaccinations:	Date:	Place:
Distemper/Adeno/Parvo/Parainfluenza (DA2PP)	_____	_____
Kennel Cough (Bordetella)	_____	_____
Rabies	_____	_____
Leptospirosis (Lepto)	_____	_____
Lyme Disease	_____	_____
Giardia	_____	_____

Has your dog been tested for Heartworm? Yes No Result: Positive Negative

Is your dog currently on any medications? Yes No

If yes, please specify _____

Has your dog ever had: (please explain)

A history of behavior problems? _____

A reaction to vaccines? _____

A seizure? _____

Other medical problems? _____

Where does your dog live? Primarily inside Primarily outside Both

What do you feed your dog? Brand: _____ Dry Canned

Any treats? _____ People food? _____

What type of flea control do you use? Advantage Frontline Comfortis

Shampoo Spray Collar Bomb None Other _____

OFFICE USE ONLY

HEARTWORM INFO GIVEN _____ HW TESTED _____ HW PREVENTATIVE DECLINED _____

LEPTO INFO GIVEN _____ LEPTO VACCINE DECLINED _____

GERIATRIC INFO GIVEN (>7 YEARS) _____