



Portage Park Animal Hospital

5419 West Irving Park Road • Chicago, IL 60641 • 773-725-0260

Our team is dedicated to providing your pets the best medical care.

Our job, as your pet's health care provider, is to help you to make educated decisions regarding the health of your pet. **In order to better understand your dog's needs, please take a moment to complete the following questions.** Your Veterinarian is looking forward to reviewing this along with you in the exam room.

How often do you visit the veterinarian with your dog? _____

My dog comes in contact with other pets...

- Yes While boarded or doggie daycare While bathed No
 While professionally groomed While at a dog park

Are there other pets in the house? If yes, how many and what kind? _____

Do other pets/animals visit your household? Yes No

Are you familiar with heartworm disease and the risk to your dog? Yes No

Has your dog ever been tested for heartworms? Yes No

Is your dog currently on any heartworm Preventative? Yes No

If yes, please indicate which preventative you use _____

How many months out of the year is your dog on a Heartworm Preventative? _____

Has your dog ever had fleas or ticks? Yes No

If yes, how was your dog treated? _____

Is your dog currently on any flea/tick preventative? Yes No

If yes, which product? _____

Is your dog on it year-round? Yes No

Where does your dog spend most of it's time? (*check all that apply*)

- Indoors Outdoors In and out On the couch

Does your dog travel with you, if yes then where? _____

- Camping Forest preserves Out of state

Is your dog regularly around children? Yes No

If yes, indicate what ages: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-18 yrs.

Please check any of the conditions that your pet has experienced? (*check all that apply*)

- | | | |
|--|---|---|
| <input type="checkbox"/> Crying | <input type="checkbox"/> Skin growth | <input type="checkbox"/> Change in behavior |
| <input type="checkbox"/> Eye discharge | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Increased thirst |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Bad breath | |

What type of food does your dog eat? _____

Is your dog on any dietary supplements? Yes No

Do you have pet insurance? Yes No