



Lakeview Veterinary Clinic, Inc.
"Quality Veterinary Care Serving Montgomery, Willis, and Conroe, Texas"
17156 F.M. West 1097, Suite #12; Montgomery, TX 77356
Phone: (936) 597-6039 Fax: (936) 597-6041

CANINE PRE-EXAM QUESTIONNAIRE

Please complete the information below so we can keep our records up-to-date.

Your name _____ Date _____ Dog's name _____ Age ____ Weight ____lbs.

If your contact information has changed since your last visit, please provide new information.

Street Address, City, State, Zip

() () ()
Home phone Work phone Cell phone Email

Do you have pet insurance? Yes No If yes, please list name of provider _____

Please complete the following information about your dog's health.

- Do you use a heartworm preventive? Yes No If yes, list name _____ Date last administered _____
- Do you use a flea/tick preventive? Yes No If yes, list name _____ Date last administered _____
- Have you seen fleas or ticks on your dog? Yes No If yes, how many? Number of other dogs ____ Number of cats ____
Are all dogs and cats currently vaccinated and on heartworm and flea preventive? Yes No
If no, please explain _____
- Any other pets? Yes No If yes, please describe (type of animal, how many, general health) _____
- What best describes the amount of time your dog spends outdoors?
 Daily for bathroom/walks 50/50 Indoor/outdoor Outdoor dog
- Check if your dog does any of the following:
 Board Groom Dog parks Obedience/training class Contact with neighborhood dogs Travels with you
- What brand of food do you feed your dog? _____ How much/how often? _____
- Do you provide dental care for your dog? Yes No If yes, please describe _____
- Have you noticed any bumps or lumps on your dog? Yes No If yes, please describe _____
- Have you noticed any skin/coat problems on your dog? Yes No If yes, please describe _____
- Check if you have noticed any of the following: Coughing or labored breathing Limping Tiredness/sluggishness
 Increased thirst Increased urination Diarrhea Vomiting Other _____
- Does your dog have any behaviors you wish you could change? Yes No
If yes, please explain _____
- Is your dog allergic to any medications? Yes No If yes, please list: _____
- Please list any health issues you would like to discuss with the veterinarian. _____

Thank you! Please return this form to the front desk.