

CURBSIDE SERVICE- **DOG**

To expedite care for your pet, please provide the following information.

Phone number to reach you: _____

Has your dog been around other dogs in the last 2 weeks?

What do you feed your dog? (include treats)

What medications or supplements do you give your dog?

Do you have trouble medicating your dog?

Is your dog on any kind of flea, tick, or heartworm prevention? If so, what do you use?

If you do not use parasite prevention, what is stopping you?

Do you have any behavioral or mobility concerns about your dog? If so, what are they?

Does your dog have normal stools? How often does he/she "go"?

Does your dog vomit? How often?

Has your dog been acting sick? Please describe your dog's symptoms and please tell us when the symptoms were first noticed.
