



General intake form

includes, pet owner information, pet information and veterinarian information

563.332.4889

Crow Ridge Plaza, 2491 53rd. Street, Bettendorf, IA 52722

thepaddlingpoochqc.com

Pet Owner Information:

Owner or Guardian Name: _____			Home Phone Number: _____		Cell Phone: _____	
Street Address: _____			E-Mail: _____		Work Phone: _____	
City: _____	State: _____	Zip: _____	Where did you get your dog? (describe) <input type="checkbox"/> Breeder			
How long have you had the dog? _____			Number of people in your household? _____			
Number of dogs in your household? _____			How did you hear about us? _____			

Pet Information:

Dog's Name: _____		Dog's Age: _____	Breed: _____		Weight: _____	Date of Birth: _____	Color / Markings: _____	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Housebroken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spayed / Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Spay / Neuter _____			

Veterinarian Information & Dog(s) Medical Information / History - Proof of vaccinations required

Regular Veterinarian: _____		Phone Number: _____		Emergency Phone Number: _____	
Veterinarian (specialist / Orthopedic Vet / Chiropractor Vet / Acupuncturist / other): _____				Phone Number: _____	

Can we contact any of the health providers listed above, should we have further questions regarding the dogs participation in any of our programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the current overall health of your dog? <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor	
What is the reason for coming to The Paddling Pooch? _____			
Were you referred by a healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom and for what reason? _____	

Medications and / or supplements: - Please list what you are currently giving your dog including flea / tick and heartworm preventatives.

Medications and/or supplements:	How often:	Reason:

Health History: - Past and present (please include medical problems and physical ailments if applicable)

Has your dog had recent surgery and /or injuries? Yes No

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If yes, date: Day: | Month: | Year: | Please describe:

Please describe and list the dates of any other past injuries and surgeries (do not include spay / neuter procedures).

Type of Surgery / Injury:	Date of Surgery / Injury

Does your dog have problems with bowel and /or bladder control? Yes No

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If yes please describe:

Does your dog have allergies? Yes No

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If yes please describe:

Does your dog have any sensitive areas on it's body? Yes No

If yes please describe: _____

Vaccinations / Medical Prevention History

Vaccination History

Rabies: Yes No Date - Day: | Month: | Year:

Bordatella: Yes No Date - Day: | Month: | Year:

Parvo/Distemper: ... Yes No Date - Day: | Month: | Year:

Canine Influenza: Yes No Date - Day: | Month: | Year:

Test History

Heartworm: Yes No Date - Day: | Month: | Year: Results: Positive: Negative:

Fecal exam: Yes No Date - Day: | Month: | Year: Results: Positive: Negative:

Other: Yes No Date - Day: | Month: | Year: Results: Positive: Negative:

If any result is positive, please describe, including treatment: _____

Flea and tick control medication: _____

If topical, date of last application: Day: | Month: | Year: _____

Heartworm preventative medication: _____

Dog's Behavior & Personality

Describe your dog's basic personality and temperament. As an example is your dog outgoing, shy, etc.: _____

Does your dog have any emotional or behavioral issues we should be aware of?: If yes, please describe so we can better understand your dog's boundaries and help your dog be as comfortable and confident as possible during our sessions. _____

Does your dog have problems, fears or dislikes with:

Other dogs Yes NoIf yes, explain _____

Strangers Yes NoIf yes, explain _____

Men Yes NoIf yes, explain _____

Women Yes NoIf yes, explain _____

Children Yes NoIf yes, explain _____

Other Yes NoIf yes, explain _____

Is your dog possessive / protective of you? Yes No

If yes, explain behavior.: _____

Describe your dog's relationship with water.

Is the dog fearful of water? Does your dog _____

enjoy swimming and what if anything makes _____

it enjoyable for your pet. _____

Dog's Diet & Exercise Protocol

Is your dog allowed to have treats?: Yes No

If yes list any restrictions due to allergies etc.:

Describe your dog's diet (include types of treats, how many and how often.:

Check all Activities that apply.: Agility Obedience Flyball Hunting Frisbee Field trial Show Other

Working Dog? Police Drug Search/Rescue Service Other

What is your dog's feeding schedule?:

What type of exercise does your dog get and how often?:

Additional Information

What are your goals for your dog as they pertain to the services provided by The Paddling Pooch?:

Is there any additional information you would like us to know?:

Note: Always let us know of any health changes to your dog. Some conditions may limit the amount of exercise or exposure to warm water your dog should have. You should always discuss warm water exercise with your vet if the health of your dog changes.

email: Would you like to be on our mailing list to receive news, specials, upcoming events at The Paddling Pooch should they become available
 Yes No



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