



Borash Veterinary Clinic
79 Prospect Street
Peabody, MA 01960
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PUPPY QUESTIONNAIRE

Name: _____ Age: _____ Date: _____

Does your pet have any of the following? Circle all that may apply: Coughing / Sneezing / Vomiting / Diarrhea
Have you owned a dog before? ___ YES ___ NO Have you owned this particular breed before? ___ YES ___ NO
Has your pet received any vaccinations? ___ YES ___ NO
Are you familiar with heartworm prevention? ___ YES ___ NO / Have you started this already?
Are you familiar with flea / tick prevention? ___ YES ___ NO / Have you started this already?
Do you plan to spay / neuter your puppy? ___ YES ___ NO
Will your pet be boarded, groomed or attend puppy classes? ___ YES ___ NO
Do you live in or visit an area with ticks? ___ YES ___ NO
Is your puppy exposed to wildlife, rodents, or livestock? ___ YES ___ NO
Does your pet have an identification tag on? ___ YES ___ NO
Does your pet have a permanent microchip ID? ___ YES ___ NO
Are you familiar with basic obedience training techniques? ___ YES ___ NO
Does your puppy show any aggressive tendencies? ___ YES ___ NO
Is your puppy being crate trained? ___ YES ___ NO
What brand of food does your puppy eat? _____ Dry / Wet
How much do you give per feeding? _____ How often? _____
How would you rate your house breaking lessons with your puppy?
___ Excellent (rarely has accidents, shows signs to go out)
___ Good (has occasional accidents, but shows signs to go out)
___ Poor (consistently has accidents, shows no signs to go out)
How often does your puppy do the following?
Play outdoors: ___ OFTEN ___ SOMETIMES ___ NEVER
Play with other dogs: ___ OFTEN ___ SOMETIMES ___ NEVER
Spend time in crate: ___ OFTEN ___ SOMETIMES ___ NEVER
Travel in car: ___ OFTEN ___ SOMETIMES ___ NEVER
How often do you do the following with your puppy?
Practice basic obedience: ___ OFTEN ___ SOMETIMES ___ NEVER
Exercise puppy: ___ OFTEN ___ SOMETIMES ___ NEVER
Brush out hair coat: ___ OFTEN ___ SOMETIMES ___ NEVER
Check / clean teeth & ears: ___ OFTEN ___ SOMETIMES ___ NEVER
Clip nails: ___ OFTEN ___ SOMETIMES ___ NEVER
Do you have any particular questions for the Technician / Veterinarian today?