

Puppy's First Visit Date: _____ Dr. _____

1. Tell us about where and how you selected and purchased your puppy? _____
2. How long have you had your puppy? _____
3. Have you had a puppy before? When did you have your last puppy? _____
4. Did you sign a contract with the seller? If so, do you have a copy? Y/N
a. What does your guarantee include? _____
b. What is excluded? _____
c. Are you allowed to breed your puppy? Y/N _____
d. What are the criteria about spaying and neutering? Age? _____
e. Are there other health clauses we need to be aware of to prevent violating our contract?

5. Do you have a CVI (Certificate of Veterinary Inspection) (usually sent when working with a large scale organization)? If so, do you have a copy? Y/N Comments _____
6. Did your puppy have a veterinary exam & health check prior to purchase? Do you have a copy? Y/N
7. Do you have registration papers? If so, do you have a copy? Y/N _____
May we put a copy of all your puppy's paperwork in your file for future retrieval? Y/N
8. Describe your puppy's lifestyle: Indoors/Outdoors/Kennel/Crate/Farm/ _____
9. Describe what you plan for your puppy's future: Pet/Show/Agility/Hunting/Breeding _____
10. Describe your family? Adults?/Children?/ Older family? _____
11. Do you have other pets in the home? Species, breeds, ages, spayed or neutered? How are they getting along with the new puppy? Do you have any concerns? _____
12. What was the breeder feeding the puppy? _____
13. What are you feeding the puppy? _____
14. What is important to you nutritionally? _____
a. <https://wsava.org/wp-content/uploads/2020/01/Selecting-the-Best-Food-for-your-Pet.pdf> is a great resource for helping you select pet food.
15. How much are you feeding? In a bowl or other? _____
16. What is your feeding schedule? _____
17. What do you use for treats? Treat recommendations: _____
18. May we make nutritional recommendations for your puppy? Y/N
19. What are you doing for dental care? _____
20. Describe your schedule of offering water: _____
21. What is the puppy's vaccination history? Do you have a copy? Vaccines due today?: _____
22. Our vaccination recommendations based on lifestyle are: _____
23. What other vaccinations do you want for your puppy going forward?: _____
a. Based on lifestyle, we may make recommendations for vaccinations including Canine Influenza, Bordetella, and Lyme disease. This resource may help you to determine which vaccinations your pet would benefit from. <https://www.aaha.org/aaha-guidelines/vaccination-canine-configuration/lifestyle-based-vaccine-calculator/> .
24. What is the puppy's parasite control history – Dewormers, intestinal, external? Do you have a copy? Y/N
25. What is the puppy's stool character? 1/2/3/4/5/ Please describe: _____
a. <https://www.proplanveterinarydiets.ca/wp-content/uploads/2016/04/PPPVD-Fecal-Scoring-Chart-EN-FINAL.pdf>
26. Did you bring a fecal sample with you today? Y/N _____
27. Do you have any health concerns about the puppy? If so, please describe: _____
28. Do you have any behavioral concerns? If so, please describe: _____

Client Name _____ Pet Name _____

(Over)

Veterinary Village/International Canine Semen Bank WI/IL

29. Is the puppy on any medications? Y/N _____
30. Is the puppy on any supplements including CBD oil? Y/N _____
31. Preferences for heartworm medications?: _____
a. Don't worry – we will help you with this decision.
32. Preferences for flea and tick medications? Topical, oral or collar? : _____
a. Don't worry – we will help you with this decision.
33. Does your puppy have a microchip? Y/N Do you want one put in today (\$35)? Y/N _____
34. Are you crate training your puppy? : Sleeping/Daytime provisions/Stuffed toys in crate/Provisions while you are home/ Provisions for sleeping at night? _____
35. Just so you know, this is normal: Hiccups/ Dream sleeping/Biting/Chewing/ Zoomies at night
36. Are you interested in a Basic obedience classes? On line _____
a. Skills: Housebreaking/Sit/Omega roll/Stand/Emergency down/Recall/Nail trims/Ear Care/Leash walks/ Stuffed Kong toy/ /Preventing separation anxiety/Managing Biting/Chewing/Attention Seeking Behaviors/Emergency downs
b. Are there any special skills you want your puppy to learn? _____
37. Tips for transporting puppy safely/ teaching to ride in car – Crate/Seat Belt/ID collar & tag/Ginger snaps
38. New client information
a. Our hours are: _____
b. How to manage an emergency
c. Phone numbers for regional emergency clinics
i. North – Fox Valley ARC 920-993-9193
ii. South – Lakeshore 414-540-6710/ MECA 414-543-7387
iii. East – Grafton 262-546-0249/Port Washington 262-268-7800/
iv. West – WVRC in Waukesha 262-542-3241/ UW Madison VMTH 800-386-8684/MVS 608-274-7772
39. Pet insurance _____
40. When is your puppy's next visit due? _____ Book next appointment _____

Puppy's Second Visit: Date: _____ Dr. _____

1. Do you have any health concerns? Please describe: _____
2. Have you seen worms pass? What is the puppy's stool character? _____
3. How is your puppy's behavior progressing?
 - a. Housebreaking? Y/N _____
 - b. Crate training? _____
 - c. Where does the puppy sleep? _____
 - d. Nail and ear care? Do you want us to show you? _____
 - e. Are you in a basic obedience classes? _____
4. Do you have any behavior questions? Please describe: _____
5. Age to spay/neuter? Tour of the surgery room _____
6. Microchip? Already done/ Y/ N/ At spay/neuter _____
7. Vaccines due today? _____
8. Refill Heartworm/Flea/Tick Control? _____
9. Vaccines due going forward? _____ Book next appointment? Date: _____

Puppy's Third Visit: Date: _____ Dr. _____

1. Do you have any health concerns? Please describe: _____
2. Have you seen worms pass? Y/N What is the puppy's stool character? _____
3. How is your puppy's behavior progressing?
 - a. Housebreaking? _____
 - b. Crate training? _____
4. Do you have any behavior questions? Please describe: _____
5. Schedule Spay/Neuter _____
6. Microchip? Already done/ Y/ N/ At spay/neuter _____
7. Do you need a refill for your puppy's Heartworm/Flea/Tick Control? _____
8. Vaccines due today _____
9. Vaccines due going forward? Book next appointment? For: _____

Shopping list for your new puppy:

- | | |
|---------------------------------------|---|
| 1. Collar quick release buckle | 11. Food – Hill's Science Diet, Purina, Iams, Eukanuba, Royal Canin |
| 2. ID tag with your cell phone number | 12. Treats – string cheese, hot dogs, Cheerios, |
| 3. Leash | 13. Liquid smoke to scent treats |
| 4. Long line | 14. Durable Chew toys |
| 5. Head halter | 15. Kongs or other stuffable toys |
| 6. Crate | 16. Dog gates |
| 7. Dog bed – indestructible | 17. Exercise pen – X pen |
| 8. Bowls | 18. Pet odor eliminator |
| 9. Poop bags | 19. Carpet cleaner |
| 10. Pooper scooper | 20. Peanut butter or squeeze cheese |