New Puppy (less than 4 months) Questionnaire

<table>
<thead>
<tr>
<th>Owners Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Dog’s Name:</td>
<td>Dog’s Age (DOB):</td>
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1. How long has it been since you owned a puppy? ______________

2. Where did you obtain your puppy (breeder, pet store, friend, shelter, rescue, humane society, other)? ____________________________________________

3. How long have you had your puppy? _________________________

4. How old was your puppy when you obtained him/her? ______

5. How many puppies were in the litter? ________________

6. How old were the puppies when they were taken away from their mother? ______

7. Where does your puppy spend most of his/her day? (inside, outside, in a room, in a kennel, with you)? __________________________________________________________

8. How would you describe your puppy’s house training?

   □ Great, not having any accidents

   □ Good, a few accidents when I forget to take him/her out

   □ So-so, having several accidents a day

   □ Not a clue, most elimination is happening in a location I do not prefer

   Comments: _____________________________________________________________

9. Have your enrolled your puppy in a puppy socialization class? If so, where?

   _________________________________________________________________
10. If you have other pets in the household, describe the puppy’s relationship with them.

_________________________________________________________________________

11. Has your puppy ever shown any growling, barking, snarling or mouthing/biting towards you or anyone else? If so, when?

_________________________________________________________________________

12. Are there things your puppy is afraid of or does not like? If so, please describe.

_________________________________________________________________________

13. Has your puppy shown any of these signs: coughing, sneezing, itching, diarrhea, vomiting, or lack of appetite?

_________________________________________________________________________

14. What type of food do you feed your puppy and how often is he/she fed? Is food available all the time or at set "mealtimes"?

_________________________________________________________________________

15. Any change in water or food consumption? _____________

16. Any change in frequency of urination or defecation? _____________

17. What, if any, medications (over the counter or prescription) does your puppy take or have applied routinely?

_________________________________________________________________________
18. What are three things you enjoy about your puppy?

____________________________________________________________________________________

____________________________________________________________________________________

19. Do you have any concerns or topics you would like to discuss?

____________________________________________________________________________________

____________________________________________________________________________________