

New Client - New Pet Questionnaire

Date: _____
Your Name: _____
Address: _____
City, State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____
Email address: _____
Credit Card to put on File for Emergencies:
CC #: _____ Exp Date _____ CCV # _____
Emergency Contact Name & Phone Number: _____
Pet's Name(s): _____
DOB _____
Breed(s): _____ Color: _____
Sex: Neutered Male _____ Spayed Female _____
Veterinarian Name & Clinic: _____
How long have you had your pet? _____
From where did you obtain your pet? _____
Is/Was your pet CRATE TRAINED? _____
Is your pet HOUSETRAINED? _____
How many hours is your pet accustomed to spending in a crate on a daily basis? _____

Does your pet have any food allergies? If so, please list: _____

Do you have any objections to us giving your pet treats? _____

Note: If you do not provide a credit card, we will not be able to bring your pet to emergency care if needed.

Is your dog on any medications or does she/he have any medical problems that we need to be aware of? Please list and explain:

Does your pet suffer from any chronic illnesses (seizures, stress diarrhea, etc.)? Please answer the following questions as thoroughly as possible:

Does your pet guard objects or food from people? If yes, please explain.

Has your pet ever growled at a person? If yes, please explain.

Has your pet ever snapped at a person? If yes, please explain.

Does your pet get car sick?

Has your pet ever bitten a person? If yes, please explain.

Is your pet afraid of thunderstorms? If yes, does she/he have medication (type and dosage)?

Has your pet ever jumped or climbed a fence? If yes, list type and height of fence.

Does your pet have any behavioral problems that we should be aware of? (for example, doesn't like small dogs, men, women, children, strangers, other dogs; doesn't like collar or a specific part of body touched, etc.)

Were you referred? If so, by whom?

Thank you very much for your time. Dog River Retreats' goal is to provide a fun and safe environment for your pet.

▫ Database Employee Initials _____

Name _____ Dog's Name _____

IMPORTANT EMERGENCY INFORMATION Since an emergency may happen at any time with your dog, please take the time to have your wishes recorded below. This information is most critical for our staff and any emergency room personnel. During your dog's stay our staff will make every effort to contact your listed veterinarian for any medical emergency or medical information. However, after hours, weekends, and holidays, we must use the after hours emergency room at Carroll County Animal Hospital. Every time you leave town and your dog is in our care, please check with your listed emergency contact to make sure they'll be available to transport your dog to and from the veterinarian's office, Carroll County Animal Hospital.

Your emergency contact also needs to know the history of any medical problems that you may have experienced with your dog. For example, if your dog sometimes limps after playing ball, gets diarrhea easily, or occasionally is lethargic and cranky, it would be helpful to have that history available. Then if your dog exhibits these same behaviors when in our care, your contact person will know this is normal for your dog.

When your emergency contact person is not available, we will transport your dog to, Carroll County Animal Hospital.

Our customary charge is \$25.00 per trip. If our staff transports your dog, we need to convey your wishes during your absence. Listed below are some questions that need careful consideration. We want to assume no responsibility for any decision that would normally be made by you, your family, and your personal veterinarian without your approval.

1. If it is not life threatening, do you want x-rays taken? Yes _____ No _____
2. If it is not life threatening, do you want blood work done? Yes _____ No _____
3. If it is not life threatening, do you want the vet to do the minimum to keep your dog comfortable until your dog can be transported to your personal vet or do you want the emergency room vet to complete treatment? a. Minimum only b. Complete treatment b. If complete treatment is selected, do not exceed \$ _____
4. If surgery is involved (for example, bloat) please consider the following: a. Complete the surgery no matter what the cost b. Complete the surgery with a maximum cost of \$ _____

Thank you for taking the time to consider these options. We know it is never easy making such decisions about your dog. All of the staff at Dog River Retreat are dog lovers and absolutely can relate to these tender decisions.

Owner Signature: _____ Date: _____

Dear Clients:

After speaking with several area veterinarians, we wanted to take this opportunity to discuss Tracheobronchitis, also known as canine cough or kennel cough. It is airborne, has an incubation period anywhere from 3 to 5 days, and can be either viral or bacterial depending on its source. When dogs are placed into group situations such as daycare, boarding, and dog parks, they can be exposed to the organisms that cause Tracheobronchitis, even if the other dogs are vaccinated. Dogs can carry the infection without becoming or seeming to be symptomatic themselves. There have been instances where dogs were walked through their neighborhood, and because the organism is airborne, they have contracted canine cough. The most common cause of Tracheobronchitis is Bordetella Bronchiseptica, a bacterial infection. Immunity to this infection is not long-lasting even after the dog has been infected with the illness. Immunity lasts 6 to 12 months in most dogs, and when it wears out, they are susceptible to the infection again. This is why many veterinarians are now recommending biannual vaccinations. The most common symptom of Tracheobronchitis is a dry, hacking cough that may end with the dog retching. If your dog exhibits these symptoms, a visit to your veterinarian can put your dog back on the path to wellness. All of the organisms that cause this illness appear to be highly contagious, so it is not unusual for all dogs in a household to become infected. We highly recommend that you consider having your dog's Bordetella vaccination done biannually to protect him/her as well as their playmates. The average cost of this vaccination is \$15-\$20, and we think it is well worth your peace of mind and your pet's health.

Sincerely, Cruise Gatzman & Patrick Duffy - Owners of Dog River Retreat