KIMBERLEY VETERINARY CLINIC

Dr D. Smith (BVSc) Dr P.L. Swart (BSc, BVSc) Dr M.I. Hyslop (BVSc) Dr A.J. MacIntyre (BVSc) Dr S. v.d. Merwe (BSc, BVSc)

16 Dalham Road
Kimberley
8301
Tel: 053 832 5711
A/H: 082 899 0009
www.kimvet.co.za
accounts@kimvet.co.za

Getting To Know Your Dog

Please complete the following form and email it to one of our listed email addresses or hand it to reception when you arrive for your appointment. If there are certain things you do not know or cannot answer, please feel free to leave those sections blank.

Thank you for trusting us with your pup. We look forward to seeing you!

Your Dog's Name: _____

OWNER DETAILS:

Name and Surname: _____

Preferred Contact Number: _____

Email Address: _____

PET DETAILS:

Age/Date of Birth: _____ **Male / Female** **Sterilised: Y / N**

Breed: _____ **Description/Colour:** _____

Reason for Visit: _____

(*Description of symptoms*) _____

_____

_____

_____

Date that symptoms started: _____

How have the symptoms progressed? Are they IMPROVING / STAYING THE SAME / GETTING WORSE

Date of last vaccination: _____

Date of last deworming: _____

Date of last tick and flea treatment: _____

What dog food is your dog being fed (*Detailed food menu, snacks included!*):

_____

_____

_____

Does your dog have food freely available, or do you feed measured amounts of kibble per day?

_____

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Is your dog on any prescribed/chronic medication (*Please list*):

_____
_____
_____

Any previous veterinary diagnosed illnesses/diseases within the last 12 months:

_____
_____

Is your dog an OUTDOOR / INDOOR-OUTDOOR pet? *(Please circle the option that fits best)*

Have there been any changes in the following:

Eating habits: _____
Drinking habits: _____
Toileting habits: _____

Please list other pets in your home (*Species and breed*):

_____
_____
_____

Do your dogs share a food/water source? _____

Have there been any recent changes within your household (*Pets included*)?

_____
_____
_____
_____

Tell us some Fun Facts about your pet! (*Is he a cuddler, a pro hunter, bed hogger, etc. Anything is okay!*)

_____
_____
_____

Thank you for completing the pre-consultation questionnaire. If there is any other information you may remember before your appointment that you have not included in this form, please write it down and give it to the veterinarian while in the appointment.