

New Pet/Training Questionnaire

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Owner information:

Name of owner: _____

Name of co-owner or spouse: _____

Name, ages, gender of children _____

address(include city and zip) _____

phone(day): _____ phone(pm) _____ best time to reach
me: _____

email address: _____ fax: _____

Pet information:

Name of Pet: _____ vaccination(type and dates: _____

parasite exam/deworming _____

breed _____ sex _____ age _____ date acquired _____

Where was pet acquired(breeder, shelter, stray...) _____

Other pets in household(species, breed, age, sex) _____

For what purpose was the pet acquired(circle all that apply) family/companion,
Hunting agility obedience tracking search/rescue other _____

Home information :

I own/rent home circle one: single family home town home apartment

How is pet contained indoors(crate, single room, gated...) _____

How is pet contained outdoors(fenced, tie out...) _____

How long is pet alone during the day? _____

What type of food is offered and how often is dog fed _____

Who feeds and/or exercises the dog? _____

What type of exercise and how long _____

