



Wellington Veterinary Clinic

Puppy Health Checklist

Pet's Name: _____ **Reason for Visit (circle one):**
Owned By: _____ **Health Exam** **Illness**
Breed: _____
Pet's Age: _____ **Today's Date:** _____

Where did you get your puppy? _____

Were the puppies and surroundings clean? _____

Did you see the dam, sire, or both, and if so, were they friendly? _____

Are you house training your puppy? _____

Are you planning on crate training your puppy? _____

Are you planning on attending obedience classes with your puppy? _____

Will the puppy be housed indoors, outdoors, or both? _____

Will children play in the same area the puppy is kept? _____

Do you have any other pets and if so, what kind? _____

What brand of food are you currently feeding your puppy? _____

How much and how often are you currently feeding your puppy? _____

Are you giving your puppy any supplements? If yes, what? _____

Has your puppy been micro-chipped? _____

Has your puppy received any vaccinations and if so, what and when? _____

Has your puppy been de-wormed? _____

Have you trimmed your puppy's nails? _____

Are your puppy's feces normal? _____

Have you noticed any vomiting or diarrhea? _____

Have you noticed any excessive scratching? _____

Do you plan to travel with your puppy in the next year? If yes, where? _____

Do you plan on boarding your puppy during the next year? _____

Are the dam and sire AKC registered? _____

Did the dam and sire have OFA or PennHip certificates? _____

Did the dam and sire have CERF numbers? _____

Were the dam and sire screened for other genetic _____

Is there anything else about your puppy we should know? If _____

