Dog Questionnaire

Client Intake Form



Please answer the following questions to your best abilities. If there are questions that do not apply or you wish to not answer, please skip those. I encourage owners to give as much information as possible. This will help pinpoint the issues at hand and allow better recommendations for nutritional and supplemental needs.

Thank you!

What is your dog's name?	
Male or Female?	
Breed type?	
Spayed or Neutered?	
How old is your dog?	
Is your dog from a breeder or foster group?	

When did you get your dog?
What is your dog's current weight & what is their ideal weight?
What are your current concerns about your dog's health?
When did these issues start?
What do you believe is your dog's current state of health? - Surviving, Poor, Good, Best, Thriving
Is your dog suffering from any of the following?
Yeasty ears
Fatty bumps and tumors
• Cancer
• Smelly paws
• Large poops
• Constant panting
Constant drooling
Tummy rumbles or gurgles
Kidney failure
• Liver disease
Eye goop and irritation
• Runny nose
Chipped nails, brittle nails
• Cloudy eyes
• Loss of hearing
• Lethargy
Over excited

Excessive barking Excessive whining

 Constant gas Restlessness - during the day Restlessness - during the night Smelly poop Eating poop - their own or other animals Grass eating Excessive urination Hot spots
 Fur loss Aggression Mood swings
What is the current food you feed your dog? (Brand and type)
How long have you been feeding this food?
Have you fed other dog foods in the past and for how long?
Does your dog have any food sensitivities? Please keep in mind, dogs should not have sensitivities, they may have developed one due to overfeeding of the same protein or food group. Food allergy tests are only accurate if the dog is on a raw diet and is being tested for allergies and sensitivities.
Do you use any flea/tick/heartworm medications? If so, which brands?
How long have you been using flea/tick/heartworm medications and how many time per year?
Is your dog vaccinated? If so, when did you start vaccinations and when was your last vaccine round?
What were your dog's most recent vaccines?
Is your dog on any medications? If so please list them off.

• No barking



What type of treats do you give your dog, please list all brands.
How often do you change their water each day?
Is your dog regularly groomed? If so, what type of shampoos and sprays are used?
Has there been any new products, people, furniture, toys, scents, or any new factors added to your home recently? This could be anything new.
Are you willing to change household items if they are affecting your pets?
What are your goals for your dog? (In terms of what you hope to see from changing their diet)
Are you open to changing your dog's food to a more natural and wholesome diet?
What is your budget for feeding and supplements? (I will always recommend the best product for the ailment but will also try to research to find a comparative item if the cost is too high)
Please list off any additional information you would like to give:

Thank you & I look forward to working with you!



YOUR PLAN HAS BEEN APPROVED BY A
K9 CERTIFIED NUTIONIST:
ABIGAIL KAMALIAN