



**Des Moines Veterinary Hospital**  
**21935 Pacific Highway S.**  
**Des Moines, WA 98198**  
**206-878-4111**

**New Dog Form**

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered: **(Yes/No)**

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Hair: **(Long/Short)**

Microchipped: **(Yes/No)** Microchip Number: \_\_\_\_\_

What flea prevention do you use? **(Nexgard/Bravecto/Paradefense/Advantage)**

Other: \_\_\_\_\_

Please list all medications and supplements your dog is on:

\_\_\_\_\_

\_\_\_\_\_

Please list all food and treats your dog eats:

\_\_\_\_\_

\_\_\_\_\_

Please list any previous major surgeries or medical conditions your dog has had:

\_\_\_\_\_

\_\_\_\_\_

DAP(L) \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_ Influenza \_\_\_\_\_

Last fecal parasite screen \_\_\_\_\_ Result: \_\_\_\_\_

Has this pet been seen at another veterinary clinic or hospital? If yes, where?

\_\_\_\_\_