



Bonnie Brae Veterinary Hospital
 155 Shuford Road, Columbus, NC 28722
 T: (828) 894-6064 F: 866-523-6755
 E: clientcare@bonniebrae.vet

Office Use Only:

Client #: _____
 Dr Seen: _____
 Records Requested: ☐ Yes ☐ No
 Date: _____ Initials: _____

NEW PUPPY HISTORY FORM

Date: _____	Pet's Name: _____
Owner's Name: _____	Breed: _____
Phone Number: _____	Color: _____
Email: _____	Date of Birth or Age: _____

Please answer each question, as applicable:	YES	NO
Does your pet go outside (dog parks/beaches, grooming, boarding/daycare, hiking, around the neighborhood)?		
Do you have any concerns with puppy training that you would like us to discuss?		
Is your pet currently enrolled or going to be enrolled in a puppy class or some form of professional puppy training?		
Is your pet crate trained or currently being trained?		
Is your pet potty-trained or currently being trained?		
What is your puppy's current diet? What brand and formula? Amount being fed? (i.e.: 1 cup, three times daily): _____		
Do you give any supplements?		
Does your pet have a tendency to chew on or eat any non-food items?		
Does your pet have any fears?		
Have you seen your pet's parents?		
Do you have previous experience with this breed of dog?		
Do you have any other animals in the home?		
Do you have any children in the home?		
Do you have a yard?		
Are you planning to take your pet hiking or to dog parks/beaches in the future?		
If your pet came from a breeder, do you have any documentation of parent's health? (i.e.: OFA certification)		

Will this pet be ☐ mostly indoors or ☐ mostly outdoors?

How many hours per day will this pet be alone on average? _____

How did you obtain this puppy? ☐ Breeder ☐ Shelter ☐ Craigslist ☐ Rescue ☐ Other: _____

What made you choose this puppy?: _____

Do you have any concerns you would like to discuss today? _____
