



Health questionnaire for dog sleigh races:

Date of birth: Year / Month / Day

Hospital chart number: _____

Health insurance card number: _____

Emergency contact number 1: Name _____ Relationship _____

Phone _____ Facebook username: _____

Emergency contact number 2: Name _____ Relationship _____

Phone _____ Facebook username: _____

Do you have any allergies?: Yes No Specify: _____

Does your(s) allergies require any medication? (EpiPen, Benadryl) Yes No Specify: _____

Do you take any medication?: Yes No Specify: _____

Have you ever had a surgery in the past Yes No

Please specify (type of surgery and date): _____

Are you on a waiting list for a surgery Yes No

Please specify (type of surgery): _____

Please check any medical problems that apply regarding your eye's health:

Vision loss

Glaucoma

Other problems with your eyesight,
specify: _____

Please check any medical problems that apply regarding your ear's health:

Deafness

Other hearing problems, specify:

Please check any medical problems that apply regarding your digestive's health

Cirrhosis

Gallbladder stones

Hepatitis

Crohn disease

Digestive bleeding

Any other digestive problems, specify:

Please check any medical problems that apply regarding your heart's health:

Angine

Swollen legs or arms

Heart stroke, specify when: _____

Any other heart problem, specify:

Arrhythmias

Hypertension

Please check any medical problems that apply regarding your lung's health

Pneumonia

Chronic obstructive pulmonary disease

Asthma

Any other lungs problem, specify:

Tuberculosis, under treatment Yes No

Please check any medical problems that apply regarding your neurology's health:

Headaches, migraine

Dizziness

Loss of consciousness

Sensibility loss

Paralysis

Any other neurologic problem, specify:

Epilepsy or seizures

Memory loss

Please check any medical problems that apply regarding your muscle and bone's health:

Amputation

Spine problem, specify: _____

Arthritis

Any other muscle or bone problem,

Fibromyalgia

specify: _____

Fracture

Please check any medical problems that apply regarding your mental health:

Anxiety

Bipolar

Schizophrenia

Any other mental health problem, specify:

Depression

Alcohol addiction

Drugs addiction

Please check any medical problems that apply regarding other health problems:

Cancer, specify: _____

Immune deficiency, specify:

Diabetes

Thyroid

Any other health problem, specify:
