

Your Pet's Lifestyle Questionnaire

Pet's Name: _____



1. *Are there other pets that live in your home?*

- Yes No

2. *Does your pet visit any of the following?*

- Dog Parks Grooming Facility Boarding Facility Daycare

3. *Does your pet ever travel with you out of town?*

- Yes No

4. *Do you observe wildlife in your yard, other than squirrels or birds?*

- Yes No

5. *Have you seen any evidence of fleas, ticks, or parasites on ANY of your pets?*

- Yes No

6. *What brand/type of food are you currently feeding?* _____

7. *When was your dog's last dose of heartworm prevention given?* _____

What brand? _____

8. *Does your pet bite at his or her skin, or seem itchy?*

- Yes No

9. *Have you noticed any weight gain or loss in your pet?*

- Weight Gain Weight Loss Neither

10. *Have you noticed any changes in behavior or activity level?*

- Behavioral Change Activity level Neither

11. *Have you noticed any signs of pain or discomfort?*

- Weakness in rear legs Tremors/shaking Slow getting up and down No pain or discomfort

12. *Have you seen any changes in behavior when urinating or defecating?*

- Urinating Defecating Neither

13. *Along with a comprehensive physical exam and vaccinations, our doctors recommend annual bloodwork and urinalysis to detect underlying diseases. Would you like to do that today?*

- Yes No Speak with doctor first.

13b. *If yes, how would you prefer to be contacted?*

- Call Text Email

13c. *Which phone number or email?*