

Canine Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: _____

Name of Dog: _____ Breed: _____

Date of Birth: _____ Male Female Spayed/Neutered

Date of last preventive care visit: _____

- How many dogs live in your home? _____
- How many cats? _____
- Other pets in the household include: _____

Travel and outdoors

- How much time does your dog spend outside every day? _____ hours
- Do you take your dog to any of the following (check all that apply):
 - Dog parks
 - Doggie day care
 - Boarding or grooming facilities
 - Puppy school
 - Obedience training
 - Organized competitions
- Do you travel with your dog? Yes No Where do you go? _____
- Do you take your dog hiking, hunting, camping, or fishing? Yes No

Home environment and home care

- Do you observe wild animals or other wildlife in your neighborhood?
 - Feral Cats
 - Raccoons
 - Wild Turkeys
 - Squirrels, Chipmunks, Skunks or Small Rodents
 - Deer
 - Wild Canines (Coyotes, Foxes)
 - Other
- Do you or your dog visit homes where there are pets? Yes No
- Do other pets come to visit at your house? Yes No
- Does anyone with compromised immune systems live in or visit your home? Yes No
- Have you seen evidence of fleas, ticks or worms on any of your pets or in your home? Yes No
- Which pets do you treat for fleas, ticks, internal parasites, or heartworms? Dog(s) Cats
- Please list all of the products, medications or supplements your dog is using.
 - Flea or tick control products _____
 - Pain medications (including prescriptions, aspirin or supplements) _____
 - Dental products (including chews) _____
 - Heartworm preventive _____
 - Others _____
- What kind of diet do you feed your dog? _____
- Do you feed your dog treats? Yes No If so, how many times per day? _____
- What kind of exercise does your dog get? _____

Unusual behavior

- Does your dog scratch, bite at its skin or seem "itchy"? Yes No
- Have you noticed
 - Yes No Any weight loss or gain?
 - Yes No Any change in your dog's skin or hair coat?
 - Yes No Any recent change in your dog's behavior or activity level?
 - Yes No Any signs of pain, like slow to get up or down, tremor or weakness in the rear legs, protecting of a certain body part?
 - Yes No Any recent changes in your dog's behavior when defecating or urinating?

Please describe the changes: _____

When complete, place in Client folder.

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Please describe the changes: _____

Describe agreement on pet's preventive health care: _____

Did the pet owner take action based on your agreement: Yes No

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