

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: _____

1. How many dogs live in your home? _____
2. How many cats? _____
3. Other pets in the household include: _____

Travel and outdoors

4. How much time does your dog spend outside every day? _____ hours
5. 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
6. Do you travel with your dog? Yes No Where do you go? _____
7. Do you take your dog hiking, hunting, camping, or fishing? Yes No

Home environment and home care

8. Do you observe wild animals or other wildlife in your neighborhood?
 Feral Cats Squirrels, Chipmunks, Skunks or Small Rodents
 Raccoons Deer
 Wild Turkeys Wild Canines (Coyotes, Foxes) Other
9. Do you or your dog visit homes where there are pets? Yes No
10. Do other pets come to visit at your house? Yes No
11. Does anyone with compromised immune systems live in or visit your home? Yes No
12. Have you seen evidence of fleas, ticks or worms on any of your pets or in your home? Yes No
13. Which pets do you treat for fleas, ticks, internal parasites, or heartworms? Dog(s) Cats
14. 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 _____
15. What kind of diet do you feed your dog? _____
16. Do you feed your dog treats? Yes No If so, how many times per day? _____
17. What kind of exercise does your dog get? _____

Unusual behavior

18. Does your dog scratch, bite at its skin or seem "itchy"? Yes No
19. 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.