

# 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?*