



PET'S NAME _____ DATE _____

MY DOG IS: ALWAYS INDOOR INDOOR/OUTDOOR OUTDOOR ONLY

THE NUMBER OF DOGS _____ CATS _____ IN MY HOME.

DOES YOUR PET TRAVEL? YES NO IF YES HOW OFTEN? _____

DO YOU LIVE NEAR WOODS OR A VACANT LOT? YES NO

I LIVE IN A SINGLE FAMILY MULTI FAMILY HOME? (PLEASE CIRCLE ONE)

DOES YOUR DOG EVER GO TO _____ GROOMER _____ DAYCARE/SCHOOL _____ KENNEL

_____ DOG PARK _____ SHOWS/FIELD TRIALS _____ HIKING/CAMPING/HUNTING

DOES YOUR DOG HAVE CONTACT WITH OTHER PETS AT PLACES NOT LISTED ABOVE? _____

HOW OFTEN DO YOU ADOPT OR FOSTER PETS? NEVER SELDOM FREQUENTLY

HAVE YOU SEEN ANY FLEAS OR TICKS ON YOUR DOG? YES NO

EXERCISE TYPE AND FREQUENCY _____

DIET: BRAND OF FOOD/ TYPE _____

AMOUNT OF FOOD _____ HOW OFTEN FED _____

SNACKS/ PEOPLE FOOD _____

MEDICATIONS/ VITAMINS/ SUPPLEMENT _____

HAVE YOU NOTICED ANY PROBLEMS OR CHANGES WITH YOUR PET?

- | | | |
|---|--|---|
| <input type="checkbox"/> SKIN | <input type="checkbox"/> MASSES | <input type="checkbox"/> ACTIVITY/ ENERGY LEVEL |
| <input type="checkbox"/> EARS | <input type="checkbox"/> HEARING | <input type="checkbox"/> LEGS/ BACK |
| <input type="checkbox"/> FEET | <input type="checkbox"/> EYES/ SIGHT | <input type="checkbox"/> WATER CONSUMPTION |
| <input type="checkbox"/> MOUTH | <input type="checkbox"/> HOUSE TRAINING | <input type="checkbox"/> WEIGHT LOSS/ GAIN |
| <input type="checkbox"/> VOMITING/ DIARRHEA | <input type="checkbox"/> COUGHING/SNEEZING | OTHER _____ |