

Dog Lifestyle Questionnaire

Owner: _____ Pet: _____

Email: _____

How many other pets in household? _____ Species? DOG CATS OTHER

Is your dog microchipped? _____ If NO, would you like it done today? YES NO

Do you give monthly heartworm & flea prevention? YES NO

Brand: _____ Date of last dose? _____

Where do you purchase your pet's heartworm & flea prevention?

Does your dog scratch, bite at its skin or seem "itchy"? YES NO

Please list the medication(s) your dog is on:

Does your dog spend any of their time:

<input type="checkbox"/> At the Groomer	<input type="checkbox"/> Doggie Day Care
<input type="checkbox"/> Playing with Children	<input type="checkbox"/> Traveling
<input type="checkbox"/> At Dog Parks	<input type="checkbox"/> Hunting

Does anyone with compromised immune systems live in or visit your home? YES NO

What type of diet do you feed your dog (i.e. commercial pet food, table food, etc.)?

Do you have any questions concerning your dog's lifestyle or vaccine schedule?
