

Dog Lifestyle Questionnaire



West Alabama Animal Clinic
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Owner: _____

Pet: _____

Email: _____

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

Where do your pets spend the majority of their time? INDOOR OUTDOOR

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

Do you give monthly heartworm preventative? YES NO Brand: _____

When did you give the last dose? _____ Is it easy to give? YES NO

Do you give monthly flea preventative? YES NO Brand: _____

When did you give the last dose? _____ Is it easy to give? YES NO

Where do you purchase your preventatives? _____

Does your dog spend any of their time:

<ul style="list-style-type: none">• At the Groomer	<ul style="list-style-type: none">• Doggie Day Care
<ul style="list-style-type: none">• Playing with Children	<ul style="list-style-type: none">• Traveling
<ul style="list-style-type: none">• At Dog Parks	<ul style="list-style-type: none">• Hunting

How would you describe your dog's attitude?

<ul style="list-style-type: none">• Happy	<ul style="list-style-type: none">• Depressed
<ul style="list-style-type: none">• Aggressive	<ul style="list-style-type: none">• Nervous

Your dog's diet consists of:

<ul style="list-style-type: none">• Commercial Pet Food	Brand: _____
<ul style="list-style-type: none">• Home-Cooked Meals	Example: _____
<ul style="list-style-type: none">• Some Table Food	Example: _____
<ul style="list-style-type: none">• Other	Example: _____

Do you have children or immunocompromised people in your household? YES NO

Any questions concerning your dog's lifestyle or vaccine schedule? _____
