

## Dog Lifestyle Questionnaire

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

Where does your pet sleep at night: \_\_\_\_\_

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? \_\_\_\_\_

Is your dog on any other medications: \_\_\_\_\_

Does your dog spend any of their time:

At the Groomer	Doggie Day Care	Playing with Children
Traveling	At Dog Parks	Hunting

How would you describe your dog's attitude?

Happy	Depressed
Aggressive	Nervous

Your dog's diet consists of:

Commercial Pet Food	Brand: _____
Home-Cooked Meals	Example: _____
Some Table Food	Example: _____
Other	Example: _____

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

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

\_\_\_\_\_