

Dog/Cat Lifestyle and History

Pet's name: _____ Owner first and last name: _____

Pet's average percentage of time spent: Indoors _____% Outdoors _____%

Do you have any other pets at home? No Yes

If yes, list what species and the ages: _____

What is your pet's activity level? Inactive Some exercise Very active

Is your pet's activity: same as usual Increased Decreased from usual

Where does your pet visit: Friends/family Boarding Groomer Training classes Hiking/camping

Recent travel history: _____

What brand of food do you feed your pet? _____

Is your pet's food: Unmeasured Measured: _____ cups per feeding _____ cans per feeding

How often do you feed your pet? _____

What else, besides pet food, does your pet eat (treats, people food, etc)? _____

Any recent dietary changes? No Yes: _____

How is your pet's appetite? Normal Increased Decreased from usual

How is your pet's water intake? Normal Increased Decreased from usual

Previous medical problems? None Yes: _____

Previous surgical procedures? None Spay/Neuter Other: _____

Is your pet on a heartworm prevention? No Yes – Brand: _____ Last given: _____

Is your pet on a flea and tick prevention? No Yes – Brand: _____ Last given: _____

Are all dogs, cats, and rabbits in your home on flea and tick prevention? No Yes

Does your pet get any supplements or vitamins? No Yes: _____

Any other medications? None Yes – Name: _____ Dose: _____ Frequency: _____

How would you rate your pet's breath? Fresh Little odor Smelly

Signature

Date