

Canine Lifestyle Review

Pet's Name: _____ Date: _____

It is our goal to provide you with the up-to-date information you need to make informed decisions about your pet's health care needs.

My dog spends most time:

- Indoors
- Outdoors
- In and Out

My dog comes in contact with other pets...

- Yes
 - While boarded at a kennel
 - While professionally groomed
 - While at dog park
 - Other: _____
- No

What do you feed your dog?

If offered table food, list examples:

Which best describes your dog's weight?

- Too Thin
- Normal Weight
- Gained a few pounds
- Needs to lose weight

Which best describes your dog's breath?

- Not bad
- Unpleasant
- Really bad

Are you interested in annual bloodwork?

- Yes
- No

Which best describes your dog's water consumption?

- Same as last year
- More than last year

Please check any conditions that your pet has experienced?

- Crying in pain
- Eye discharge
- Hair loss
- New or enlarged growths
- Sneezing
- Change in appetite
- Change in behavior
- Vision problems
- Fleas or ticks
- Frequent urination

Is your dog receiving medication other than in the ones dispensed from this hospital?

- Yes (Please list) _____

- No

Is your dog currently using flea and heartworm prevention?

- Yes (Please list) _____

- No

Do you need any refills?

