

Canine Lifestyle Assessment

Pet's Name: _____ Owner's Name: _____

Microchipped? Yes No ; yes, ID number: _____

PLEASE FILL OUT THIS INFORMATION SO WE CAN BEST CARE FOR YOUR PET

Nutrition:

Brand of food or diet: Dry Canned
Number of cups Number of feedings/day: One Two Three Free-Choice
food/meal:

What is Your Pet 's Exercise Program?

Lifestyle (check all that apply):

Family Pet Hunting Training Breeding Show-Type:

Where does your pet sleep?

Does your pet travel anywhere outside of Wisconsin? If so, where:

How many hours/day is your dog outside? 0-2 hours 2-6 hours 6-12 hours >12 hours

Would you prefer primarily conventional medicine or a natural/holistic approach to your pet's care?

Conventional Medicine (medications, surgery) Integrative Medicine -both conventional & holistic Holistic Medicine (herbs, chiropractic, etc.)

Current Parasite Prevention Program (Check all that apply)

Interceptor Frontline ShooTag Year-round
 Sentinel None Vetripel Other Product: Seasonal Apr-Dec

Kennel Cough Risk

Places your dog travels (check all that apply) Boarding / Grooming Shows / Dog Events/Training Dog Parks/Neighborhood dogs

Ticks / Lyme Disease Risk

Does Your Pet go near any woods, tall grass or brush? Yes No
Do you take Your Pet hiking, camping or hunting? Yes No
Have you ever seen a tick on Your Pet? Yes No

Leptospirosis Risk

Are there skunk, opossum, raccoons or small rodents near your home? Yes No
Are there livestock / deer near your home / where your pet travels? Yes No
Does Your Pet drink from ponds or streams? Yes No
Do you live in an area that recently changed from rural to urban? Yes No

Reasons to avoid / limit vaccinations:

Any previous reaction to a vaccination? Yes No
Does your pet have an immune compromising medical condition? Yes No
A personal preference to avoid vaccinations? Yes No