

Pet Lifestyle Assessment



For Office Use Only: Review by Technician Review by Veterinarian

Pet Owner Name: _____

Pet's Name: _____ **My pet is a:** Dog Cat

Other pets in the household include: _____ Dog(s) _____ Cat(s) _____ Other: _____

My pet's products, medications or supplements include:

- Flea and Tick Control Products: _____ Heartworm Preventive: _____
 Pain Medications: _____ Other: _____
 Dental Products: _____

1

Do you observe wild animals or other wildlife in your neighborhood?

- Feral Cats Raccoons Wild Canines (Coyotes, Foxes)
 Squirrels, Chipmunks, Skunks or Small Rodents Deer Other
 Wild Turkeys

2

Which of these places does your pet go?

- Indoors Only Dog Parks Obedience/Training Classes
 The Backyard Travel with Family Pet Stores
 Kennel/Day Care Around the Neighborhood Communal Areas for Pets (Apartment/Condo)

3

Which of the following is true?

- Other pets come into our home My pet visits homes with other pets
 Other pets come into our yard We feed our pets outside
 We feed wild animals/feral cats

When complete, place in Client folder.