

## Pet Lifestyle Checklist

To help us make the proper recommendation concerning your pet's health-care needs, please complete the following questionnaire.

Date : DD / MM / YYYY

Reason for visit : .....

Your e-mail address : .....

Your email address will be kept completely confidential and will only be used to communicate about your pet

How did you hear about us? .....

### Lifestyle

Does your pet go outside? ..... Yes / No

Does your pet travel with you outside the province? ..... Yes / No

Does your pet swim or have access to ponds or streams? ..... Yes / No

Does your pet visit any of the following? ( ✓ all that apply)

- |                                               |                                           |                                           |
|-----------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Doggy Daycare        | <input type="checkbox"/> Boarding Kennels | <input type="checkbox"/> Dog or Cat Shows |
| <input type="checkbox"/> Breeding Facilities  | <input type="checkbox"/> Grooming Salons  | <input type="checkbox"/> Parks            |
| <input type="checkbox"/> Pet Stores           | <input type="checkbox"/> Training Classes | <input type="checkbox"/> Campgrounds      |
| <input type="checkbox"/> Agility Competitions | <input type="checkbox"/> Other Homes      |                                           |

Does your pet accompany you hiking, hunting, or camping? ..... Yes / No

Are there any other animals in the household? ..... Yes / No

Are you planning on introducing other animals to the household? ..... Yes / No

Does your pet come into contact with squirrels, birds, mice, coyotes bats, skunks, feral animal or other animals? ..... Yes / No

Does your pet eat raw meat? ..... Yes / No

What brand of food does your pet eat? .....

When is the last time your pets teeth were cleaned/or received dental work? MM / YYYY

### Symptoms

Is your pet scratching/chewing him/herself, or does it have dry skin or dandruff?..... Yes / No

Does your pet have difficulty walking, getting up or climbing stairs?..... Yes / No

Does your pet have bad breath?..... Yes / No

Does your pet have trouble eating or chewing?..... Yes / No

Does your pet have increased thirst?..... Yes / No

Does your pet have to urinate more frequently than it use to?..... Yes / No

Has your pet had any recent vomiting or diarrhea?..... Yes / No

Is your pet on any current medication or has it had any recent surgery?..... Yes / No

Do you have any other concerns? .....

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For our information: Do you have a need for an equine vet service? ..... Yes / No

