

**Lifestyle of My Dogs:**

1. Does your dog go to parks, lakes, walks in the neighborhood, camping, or other outdoor community events. .... Yes\_\_ No\_\_
2. Does your dog go to a groomer..... Yes\_\_ No\_\_
3. Does your dog occasionally go to Pets Mart or Pet Co with you..... Yes\_\_ No\_\_
4. Does your dog go to boarding kennels when you are on vacation..... Yes\_\_ No\_\_
5. Does your dog Socaillize with other dogs..... Yes\_\_ No\_\_
6. Does your dog attend obedience, training classes, shows etc..... Yes\_\_ No\_\_
7. Is your dog used for hunting..... Yes\_\_ No\_\_
8. Is your dog kept in a fenced yard or electric fence..... Yes\_\_ No\_\_
9. How many other dogs are in your household?\_\_ Cats?\_\_ Other Animals?\_\_

**My Dog's Health:**

1. Has your dog had a change in water consumption?..... Yes\_\_ No\_\_
2. Has your dog had a change in appetite?..... Yes\_\_ No\_\_
3. Has you dog had a change in urinary habits?..... Yes\_\_ No\_\_
4. Does your dog have bad breath?..... Yes\_\_ No\_\_
5. Has your dog had any vomiting, diarrhea, constipation?..... Yes\_\_ No\_\_
6. Has your dog been scratching, or licking his/her paws?..... Yes\_\_ No\_\_
7. Have you noticed any odor from the ears?..... Yes\_\_ No\_\_
8. Has your dog been shaking it's head?..... Yes\_\_ No\_\_
9. Has your dog had any eye discharge?..... Yes\_\_ No\_\_
10. Has your dog had any vision problems?..... Yes\_\_ No\_\_
11. Has your dog had any breathing or coughing problems?..... Yes\_\_ No\_\_
12. Has your dog any fainting spells or seizures?..... Yes\_\_ No\_\_
13. Has your dog had any changes in weight?..... Yes\_\_ No\_\_
14. Has your dog had any limping or lameness?..... Yes\_\_ No\_\_
15. Does your dog have difficulty climbing stairs?..... Yes\_\_ No\_\_
16. Does your dog lag behind when walking?..... Yes\_\_ No\_\_
17. Does your dog have difficulty getting on/off furniture(if allowed)?..... Yes\_\_ No\_\_
18. Is your dog stiff after playing, working, or exercise?..... Yes\_\_ No\_\_
19. Has your dog had any problems with fleas or ticks..... Yes\_\_ No\_\_
20. Has your dog had any behavior changes?..... Yes\_\_ No\_\_
21. Have you noticed any lumps, bumps, or growth in the last year?..... Yes\_\_ No\_\_
22. Has your pet been treated for any health problems?..... Yes\_\_ No\_\_
23. Does your dog show any disorientation, or confusion..... Yes\_\_ No\_\_

**My Dog's Medications:**

1. Heart worm prevention? \_\_\_\_\_
2. Flea/Tick control? \_\_\_\_\_
3. Food? \_\_\_\_\_
4. Treats? \_\_\_\_\_
5. Other medications, supplements, vitamins, etc. \_\_\_\_\_
6. Table scraps? \_\_\_\_\_