

Canine Lifestyle Questionnaire



Name: _____

Dog's Name: _____ Age: _____ Sex: _____ Spayed/Neutered? YES NO

Is your dog currently on heartworm preventative?

Yes

Date of last dose _____

No

Not sure

Is your dog currently using flea/tick prevention?

Yes

Date of last dose _____

No

Not sure

What brand of food do you feed your dog?

Dry food/kibble

Wet food

Both wet and dry

Home-cooked

Is your dog on any medications or supplements? _____

If yes, please list here: _____

How often do you feed your dog?

Once per day

Twice per day (In the morning and evening)

Free feed (food is available at all times)

Do you feed your dog treats?

Yes No

Type of treats _____

Frequency _____

Does your dog (check all that apply)...

Sit on a deck or patio

Sleep in the bed with you or other family members

Play with other pets

Play with children

Board at a facility when you are out of town

Socialize with other dogs, such as at a Dog Park

Get groomed at a grooming facility

PLEASE LET US KNOW OF ANYTHING YOU WOULD LIKE TO DISCUSS WITH OUR TEAM TODAY:

Behavior/Neurologic

My dog is just not acting like himself/herself

My dog interacts less with the family

My dog seems confused or disoriented

My dog has been vocalizing for no apparent reason or more than normal

My dog's sleeping patterns have changed

My dog has had tremors or episodes of shaking

My dog has displayed circling, head tilts, or repetitive movements

Other _____

Body Functions

My dog has bad breath and red or swollen gums

My dog has difficulty chewing

My dog's eating habits have changed

My dog has gained/lost weight (circle one)

My dog is drinking more water than usual

My dog is urinating more frequently than usual

My dog's bowel habits have changed (increased frequency, diarrhea, constipation, straining) (circle all that apply)

My dog vomits more than occasionally

My dog seems to have trouble seeing or hearing

Other _____

Heart/Lungs

My dog seems to be panting more

My dog has been coughing or sneezing

My dog tires more rapidly or seems short of breath

Other _____

Activity Level/Pain Assessment

My dog has difficulty jumping to the couch/bed

I have noticed a change in my dog's activity level

My dog seems to be limping and/or seems stiff and has difficulty rising from a resting position

My dog has been unusually quiet

My dog has been vocalizing more than normal

Other _____

Skin and Coat

My dog scratches, licks, and chews excessively

My dog has changes in coat/skin, or has new lumps or bumps

My dog's skin has an odor

Other _____