



LIFESTYLE ASSESSMENT FOR DOGS

Please answer the following questions in order to assist us in evaluating your dog's medical requirements.

Dog's Name: _____ Date: _____

Owner's Name: _____
Last First

1. Where was your dog obtained? _____
2. Does your dog go to training classes, puppy parks, pet stores, or other social gatherings? YES or NO.
If yes, where and how frequently?

3. Is your dog ever groomed professionally at any time during the year? YES or NO.
4. Is your dog a working animal (police, hunting, medical)? YES or NO.
If yes, explain: _____
5. What activities is your dog involved in (dog parks, hiking, swimming, agility, etc.)?

6. Does your dog have exposure to any wildlife (squirrels, coyotes, foxes, etc.)?
YES or NO. If yes, explain: _____
7. Has your dog ever traveled outside of Aurora, Colorado in the past? YES or NO.
If yes, where? _____
8. Are you planning on traveling anywhere in the future with your dog? YES or NO.
If yes, where? _____
9. Does your dog have a history of medical problems? YES or NO.
If yes, please describe: _____

10. Has your dog had a history of reactions to any vaccinations? YES or NO.
If yes, what was the vaccination and associated reaction?

11. Does your dog have any contact with individuals with a weakened immune system?
YES or NO.
12. Is your dog receiving any medications, supplements or vitamins? YES or NO.
If yes, please list them: _____

Thank you for taking the time to fill out this questionnaire. In the future, we will periodically ask you to review it for changes.