

## CANINE LIFESTYLE SURVEY

To aid in our effort to provide the best veterinary care for your canine companion, please take a moment to fill out the following lifestyle survey.

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### I. Socialization

Select the closest description of your pet's socialization with other animals (please select one description only).

- My dog never meets new dogs. My dog only goes out on a leash or to a fenced yard with no access to other dogs.
- My dog is mildly to moderately social. He/she may stay outdoors part of the time in an area where other animals wander by or he/she may interact with other dogs through a fence. OR He/she sees other dogs when on walks in the neighborhood or occasionally has canine visitors.
- My dog has the opportunity to interact with a large number of dogs either through visits to the dog park, free roaming (even for short periods), or encountering them at the groomer, boarding kennel, dog training, agility or field trials, etc.

### II. Environmental and Medical Factors

A. Please choose the best description below concerning your pet's outdoor activity.

- My dog is a "city" dog and spends most of his/her day indoors. When we go for walks, it is on the road or sidewalks only.
- My dog lives on or visits property where there is an outdoor water source (creek, stream, river, pond, lake, etc.) and my dog has the opportunity to swim or drink from the water.

B. My dog has had a reaction to medications or vaccinations in the past. No Yes (Please explain)

### C. Ectoparasite exposure

Select the closest description of your pet's exposure to ticks (please select one description only).

- I have never seen a tick on my dog and we **never** go to high risk areas - wooded tracts, pine forests, tall grass, etc.
- I have found ticks on my dog but only occasionally.  
When was the last tick found?
- I find ticks on my dog and/or I take my dog to high risk areas.  
When was the last tick found?

### IV. General Questions

A. Is your dog on heartworm preventive? No Yes Which one?  
When was the last treatment given?

B. Is your dog on flea and tick control products? No Yes Which ones?  
When was the last treatment given?

C. Please list any medications your dog takes, including nutritional supplements.