CPAH Pet Lifestyle Review

Pet's name:_____ Date:_____

Our practice's goal is to provide you with up-to-date pet health information you need to make an informed decision about your pet's health care.

My pet spends most of their time:

- Indoors
- Outdoors
- In and Out

My Pet encounters other pets.....

- While boarded at a kennel
- While professionally groomed
- While bathed
- While at a dog park
- Doesn't encounter other pets

What do you feed your pet?

_____

If you offer your pet treats, please list?

_____

If you offer table food, list examples.

_____

Which best Describes your pet's weight?

- Too thin
- Normal weight
- Gained a few pounds
- Needs to lose weight

Which best describes your pet's breath? (please circle one.)

- Not bad
- Unpleasant
- Really bad (needs mouthwash)

Which best describes your pet's water consumption?

- Same as last year
- More than last year

Please check any of the conditions your pet has experienced:

- Itching or chewing
- Fleas or ticks
- Change in weight
- Change in behavior
- Frequent urination
- Increased thirst
- Hair loss
- Eye discharge
- Difficulty walking, climbing, and or jumping
- Vomiting
- Loose Stool
- Sneezing
- Change in appetite
- Leaking or dribbling urine
- Skin growths
- Vision problems
- Hearing Loss
- Ear Odor
- Mouth Odor

Is your pet receiving any medications/supplements other than ones dispensed from this hospital?

Yes (Please list):_____

No

Is your pet currently on any flea and heartworm preventives?

Yes (Please list):_____

No

Do you need a refill?

Yes

No

Please note any question or topics you would like to discuss:_____

_____

_____

_____

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