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# Prescott Valley Pet Clinic

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## Canine Lifestyle Assessment Form

**Pet Owner Name:** \_\_\_\_\_  
**Name of Dog:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Date of Birth/Age:** \_\_\_\_\_  **Male**  **Female**  **Spayed/Neutered**  
**Date of last preventative visit:** \_\_\_\_\_

1. How many dogs live in your home? \_\_\_\_\_
2. How many cats? \_\_\_\_\_
3. Other pets in household include: \_\_\_\_\_

### Travel and outdoors

4. How much time does your dog spend outside every day? \_\_\_\_\_ hours
5. Do you take your dog to any of the following? (check all that apply):  
 Dog Parks  Doggie Day Care  Boarding/Grooming  
 Puppy School  Obedience Training  Organized Competitions
6. Do you travel with your dog?  Yes  No If yes, where do you go? \_\_\_\_\_
7. Do you take you dog hiking/hunting/camping or fishing?  Yes  No

### Home environment and home care

8. Do you observe wild animals or other wildlife in your neighborhood?  
 Feral Cats  Squirrels, chipmunks, skunks or rodents  
 Racoons  Deer  
 Wild Turkeys  Wild Canines (Coyotes/Foxes)
9. Do you or your dog(s) visit homes where there are other pets?  Yes  No
10. Do other pets come to visit at your house?  Yes  No
11. Does anyone with a compromised immune system live in or visit your house?  Yes  No
12. Have you seen evidence of fleas, ticks or worms on any of your pets or in your home?  Yes  No
13. Which pets do you treat for fleas, ticks, internal parasites or heartworms?  Dog(s)  Cat(s)
14. Please list all of the products, medications or supplements your dog is using:  
 Flea or tick control products \_\_\_\_\_  
 Pain Medications \_\_\_\_\_  
 Dental Products \_\_\_\_\_  
 Heartworm Preventative \_\_\_\_\_  
 Others \_\_\_\_\_
15. What kind of diet do you feed your dog? \_\_\_\_\_
16. Do you feed your dog treats?  Yes  No  
If so, how many times per day? \_\_\_\_\_
17. What kind of exercise does your dog get? \_\_\_\_\_

### Unusual Behavior

18. Does your dog scratch, bite at its skin or seem "itchy"  Yes  No
19. Have you noticed  
 Yes  No Any weight gain or loss?  
 Yes  No Any recent change in your dog's skin or hair coat?  
 Yes  No Any recent change in behavior or activity level?  
 Yes  No Any signs of pain, like slow to get up or down, tremor  
or weakness in the rear legs, protecting a certain body  
part  
 Yes  No Any recent changes in your dog's behavior when  
defecating or urinating?

Please describe the  
changes: \_\_\_\_\_