

# Lifestyle Review

Today's Date: \_\_\_\_\_

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

Reason for Today's Visit: \_\_\_\_\_

Do you have any health concerns for your pet? \_\_\_\_\_

1. My pet spends most of his/her time: Indoors  Outdoors  In & out
2. My pet lives with or comes into contact with which type of pets:  
Dogs  Cats  Exotics/Wildlife  None
3. What brand/type of food do you feed your pet? \_\_\_\_\_
  - a. How much? \_\_\_\_\_
  - b. How often? \_\_\_\_\_
  - c. If table food is given, please list examples: \_\_\_\_\_  
\_\_\_\_\_
4. How would you describe your pets water intake? Seems normal  Drinking more/less
5. When was your pets last heat cycle (for un-spayed females)? \_\_\_\_\_
6. Have you noticed any changes in your pet's weight? Yes or No  
If yes, please explain: \_\_\_\_\_
7. Which best describes your pets breath: Not too bad  Unpleasant
8. Please check any conditions your pet has or is currently experiencing:  
Crying \_\_\_\_\_ Eye Discharge \_\_\_\_\_ Hair Loss \_\_\_\_\_ Skin Rash \_\_\_\_\_ Sneezing \_\_\_\_\_  
Change in appetite \_\_\_\_\_ Urinating inappropriately \_\_\_\_\_ Change in Behavior \_\_\_\_\_  
Vision problems \_\_\_\_\_ Growth on skin \_\_\_\_\_ Location: \_\_\_\_\_
9. Please list any medications your pet is currently taking (include any non-prescription as well) \_\_\_\_\_
10. Is your pet currently taking monthly Heartworm preventative? Yes or No
  - a. If yes, which one? \_\_\_\_\_
  - b. If you need a refill, please select one of the following options:  
6 months  12 months
11. Is your pet currently taking monthly Flea & Tick preventative? Yes or No
  - a. If yes, which one? \_\_\_\_\_
  - b. If you need a refill, please select one of the following options:  
6 months  12 months
12. Please list any other information regarding your pet that you would like to inform our staff and doctors about: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* Staff use Only \*\*\*\*\*

T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ WT: \_\_\_\_\_

RV  Bordetella  Lepto  DAP/HCP  HWT/FelV  NT  Fecal  Leukemia  SR. BW