

Patient History and Lifestyle Evaluation

Consent

I understand that the purpose of this Patient History and Lifestyle Evaluation form is to recognize and assess risks in association with my pet — particularly with regard to animal-borne diseases that may affect me or other household members. Further, I understand that I need NOT complete this form, nor need I answer all the questions to remain a client of this veterinary practice. This information will become part of my pet's medical record, will be treated as confidential, and will not be shared with any third parties. I hereby consent to the use of this form as described.

Your signature: _____ Date: _____

Your name (printed): _____

Your pet's name: _____

Age: _____ Breed: _____ Male or Female Neutered/Spayed? Yes No
(circle one) (circle one)

Geographical History

Where do you currently live? _____

Where else has this pet lived? _____

Do you vacation or travel with your pets? Yes No
(circle one)

If yes, where have you taken your pet? _____

Household Information

Are there other pets in the family? Yes No
(circle one)

If yes, what kind of pets? (Include all species): _____

What family members live in the household with the pet?

Number of infants and children (include ages): _____

Number of adults: _____

Seniors: _____

Are there any persons in the household who have an impaired immune system? (*This might make these people susceptible to some diseases of animals.*): Yes No
(circle one)

Where does your pet sleep? (Be as specific as possible: Indoors or outdoors? Which room and location within the room? In a pet bed, which is located where?) _____

Access to the Outdoors and Contact with Other Dogs and Cats

Is your pet primarily indoors or outdoors? _____ When was your pet last outdoors? _____

When outdoors, which of these describes your pet's degree of freedom? (check one)

_____ Free to run and explore

_____ Confined to an exercise pen

_____ Confined to the yard

_____ Only allowed outdoors on a leash

Is your pet exposed to dogs and cats, other than your own, at any of these locations? (check as many as apply)

_____ Back yard

_____ Dog park

_____ Grooming facility

_____ Dog or cat show

_____ Boarding kennel

_____ Obedience or agility trials

_____ Puppy or kitten obedience or socialization class

Patient History and Lifestyle Evaluation (page 2)

(Pet's name: _____)

Vaccination History

When and where did your pet last receive vaccinations? _____

Nutrition Information

What foods does your pet eat? _____

Do you have total control over what your pet eats? Yes No
(circle one)

Parasitology History

Do you ever see fleas on your pet? Yes No
(circle one)

Do you use routine flea and tick control treatments? Yes No
(circle one)

What specific products do you use? _____

Do you ever find ticks on your pet? Yes No
(circle one)

Does your pet ever receive a heartworm preventive medication? Yes No
(circle one)

If so, when did your pet last receive this medication? _____

When did your pet last have a heartworm test? _____

Does your pet ever receive an internal parasite preventive medications? Yes No
(circle one)

If so, when did your pet last receive this medication? _____

When did your pet last have a fecal examination? _____

Dental Care History

When did your pet last have a complete dental evaluation? _____

When, if ever, did your pet last have a professional teeth cleaning? _____

Do you brush your pet's teeth routinely? Yes No
(circle one)