



# Patient Lifestyle Review

Pet's Name:

Date:

**Care Animal Hospital's goal is to provide you with the up-to-date pet health information you need to make an informed decision about your pet's health care.**

My pet spends most of his/her time:

- Indoors
- Outdoors
- In and Out

My pet comes into contact with other pets...

- Yes
  - While boarded at a kennel
  - While being groomed/bathed
  - While at a park
- No

My pet lives or is often near a wooded area.

- Yes
- No

My pet will spend time near or in lakes, ponds and streams.

- Yes
- No

What best describes your pet's water consumption?

- Same as last year
- More than last year

Does your pet have a microchip?

- Yes
- No

Has your pet been seen elsewhere for medical care since we last saw him/her?

- Yes When, Where and What was done?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- No

What do you feed your pet (brand, wet, dry)?

\_\_\_\_\_

How much and how often?

\_\_\_\_\_

What kind of treats, table food, and/or chews do you give your pet?

\_\_\_\_\_

Which best describes your pet's weight?

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

What dental care do you provide for your pet at home?

- Brush teeth
- Oral rinse or gel
- OraVet home care kit
- Greenies
- Drinking water additive
- Other: \_\_\_\_\_

Which best describes your pet's breath?

- Not bad for a dog/cat's breath
- Unpleasant
- Really Bad

Is your pet receiving any medications, vitamins, or supplements other than ones currently dispensed from this hospital?

- Yes (please list)
- \_\_\_\_\_
- No

Please check any of the conditions your pet has experienced since we last saw him/her.

- Eye discharge
- Hair loss
- Sneezing
- Change in appetite
- Change in behavior
- Vision problems
- Increased thirst
- Frequent urination
- Fleas or ticks
- Growth of any skin, lumps or bumps
- Shaking head or scratching at ears
- Inappropriate urination/defecation
- Litter box habits have changed
- Trouble getting up or getting around
- Separation anxiety

What day of the month do you give or apply your pet's heartworm and flea preventative?

\_\_\_\_\_

Do you have children **AND/OR** an immune compromised person living in your home?

- Yes
- No

Does your pet get carsick when traveling?

- Yes
- No

Is there anything you want to be sure to discuss with the doctor today?

\_\_\_\_\_

\_\_\_\_\_