

Canine Assessment Form

How Many Pets Live in Your Home?

Dogs	Cats	Other (please list animal type)

Travel & Outdoors

- Do you take your dog to any of the following? (check all that apply)
 - ☐ Dog Park ☐ Doggie Day Care ☐ Boarding/Grooming ☐ Obedience Training
 - ☐ Puppy Classes ☐ Organized Competitions ☐ Other: _____
- Do you travel with your dog? ☐ Yes ☐ No
If Yes, where do you go? _____
- Do you take your dog hiking, hunting, camping, or fishing? ☐ Yes ☐ No

Home Environment & Home Care

- Do you observe stray animals or wildlife in your neighborhood? (check all that apply)
 - ☐ Feral Cats ☐ Squirrels ☐ Chipmunks ☐ Skunks ☐ Rodents ☐ Racoons
 - ☐ Deer ☐ Wild Turkeys ☐ Wild Canines (Coyotes/Foxes) ☐ Other _____
- Do you or your dog(s) visit homes where there are other pets? ☐ Yes ☐ No
- Do other pets come to visit at your home? ☐ Yes ☐ No
- Does anyone with a compromised immune system live in or visit your house? ☐ Yes ☐ No
- Have you seen evidence of fleas, ticks, or worms in any of your pets or in your home?
 - ☐ Yes ☐ No
- Are all the pets in your home on heartworm and flea prevention? ☐ Yes ☐ No
- Please list all of the products, medications, or supplements your dog is using (including flea/tick and heartworm prevention):

Product/Medication/Supplement	Directions

- What kind of diet do you feed your dog? _____
- Do you feed your dog treats? ☐ Yes ☐ No
If Yes, how many times per day? _____
- How is your dog's appetite? _____
- What kind of exercise does your dog get? _____

Unusual Behavior

- Does your dog scratch or bite at its skin or seem itchy? ☐ Yes ☐ No
- Have you noticed any weight loss or gain? ☐ 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 such as: slow to get up or down, tremor or weakness in the rear legs, or protecting a certain body part? ☐ Yes ☐ No
- Have you noticed your dog is coughing? ☐ Yes ☐ No
If Yes, how often? _____
- Have you noticed your dog is sneezing? ☐ Yes ☐ No
If Yes, how often? _____
- Is your dog vomiting? ☐ Yes ☐ No
If Yes, how often? _____
- Any recent changes in your dog's behavior when defecating or urinating? ☐ Yes ☐ No
If Yes, please describe: _____

- Do you have any other concerns or questions about your pet's condition? ☐ Yes ☐ No
If Yes, please describe: _____

