

Patient History/Owner Information and Lifestyle Evaluation

I understand that the purpose of this 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Basic Owner/Pet information:

Your Name and spouse name (printed): \_\_\_\_\_

Your pet's name: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Male/Female (please circle) Spayed/Neutered? Yes/No (please circle) Color: \_\_\_\_\_ Approximate weight: \_\_\_\_\_

Your current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your current telephone number \_\_\_\_\_ Alternate number: \_\_\_\_\_

Pet history:

Has your pet lived anywhere but our northeastern Michigan region? \_\_\_\_\_ if yes, where: \_\_\_\_\_

Do you vacation or travel with your pets? Yes/No (please circle) If yes, where? \_\_\_\_\_

Household Information:

Are there other pets in the family? Yes/No (circle one) If yes, what kind of pets? \_\_\_\_\_

What family members live in the household with the pet?

Number of infants/children? \_\_\_\_\_ (ages) \_\_\_\_\_

Number of adults: \_\_\_\_\_ Seniors: \_\_\_\_\_

Where does your pet sleep? \_\_\_\_\_

Access to the outdoors and contact with other dogs/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? (Please check one)

\_\_\_\_ Free to run and explore \_\_\_\_\_ Confined to the yard \_\_\_\_\_ Confined to an exercise pen \_\_\_\_\_ Only allowed outdoors on leash \_\_\_\_\_ Confined to the yard

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 \_\_\_\_\_ Puppy or kitten obedience

Vaccination History: When and where did your pet last receive vaccinations? \_\_\_\_\_

Nutrition Information:

What foods does your pet eat? \_\_\_\_\_

Is your pet overweight? \_\_\_\_\_ Underweight? \_\_\_\_\_ Ideal? \_\_\_\_\_

Do you exercise your pet? \_\_\_\_\_ If yes, how? \_\_\_\_\_

Do you have questions on nutrition? Yes/No (circle please) What? \_\_\_\_\_

Parasitology History:

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

Do you use routine flea/tick control treatments? Yes/No (circle please)

What specific products do you use? \_\_\_\_\_

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

Does your pet receive heartworm preventative medication? Yes/No (circle please)

If so, when did your pet last receive this medication? \_\_\_\_\_ What type of medication is it?  
\_\_\_\_\_

When did your pet last have a heartworm test? \_\_\_\_\_

Does your pet ever receive an intestinal parasite medication? Yes/No (circle please) If yes, when did your pet receive this? \_\_\_\_\_

When did your pet last receive a fecal examination? \_\_\_\_\_

Dental Care History:

When did your pet last have a dental exam? \_\_\_\_\_ When, if ever, did your pet have their teeth cleaned? \_\_\_\_\_

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

General:

Do you have any questions? \_\_\_\_\_

West Branch Veterinary Services Routine Recommendations for **dogs**:

DHLPP (distemper, hepatitis, leptospirosis, parainfluenza, parvovirus) Vaccination

Rabies Vaccination

Bordetella Vaccination (if you travel with your dog, board your dog or have your dog groomed)

Lyme Vaccination (if you travel outside of our northeastern lower peninsula of Michigan area)

Heartworm testing and Heartworm preventative to be given once monthly year-round

Flea/Tick control to be given at a minimum of May through October

Stool sample check for intestinal parasites to be done yearly

Wellness exam to be done yearly

West Branch Veterinary Services Routine Recommendations for **cats**:

Feline distemper and leukemia vaccination

Rabies vaccination

Heartworm preventative to be given once monthly year-round

Flea/Tick control to be given at a minimum of May through October

Stool sample check for intestinal parasites to be done yearly

Wellness exam to be done yearly