

CANINE LIFESTYLE INTAKE FORM



1. Is there anything you would like to do with your dog, but can't?

2. Where does your dog spend time? (circle all that apply)



HOUSE



YARD



DAYCARE



WATER



WOODS/NATURE



WITH
OTHER DOGS



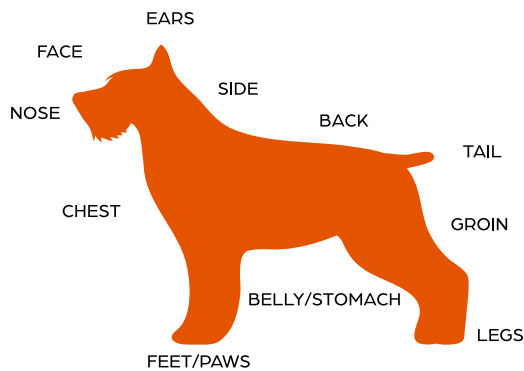
VACATION



DOG PARKS

3. Does your furry pal scratch, chew, lick, or rub any part of his or her body? **YES** **NOPE**

4. If yes, which parts of the body are affected? (circle all that apply)



5. Did your dog vomit on the way to the clinic today? **YES** **NOPE**

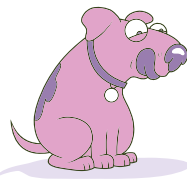
6. Has your dog shown any of the following signs during car rides? (circle all that apply)



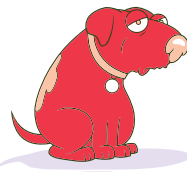
VOMITING



EXCESSIVE
PANTING



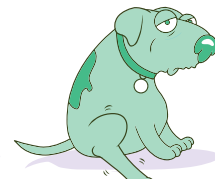
EXCESSIVE LIP
LICKING



INACTIVITY



SHAKING



RESTLESSNESS

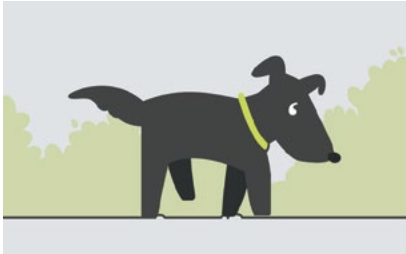


DROOLING

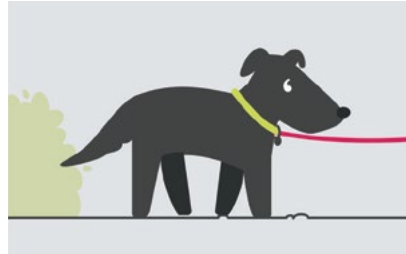
CANINE LIFESTYLE INTAKE FORM



7. Is your dog lagging behind, limping or reluctant to engage in normal activities? (circle all that apply)



LIMPING AFTER EXERCISE



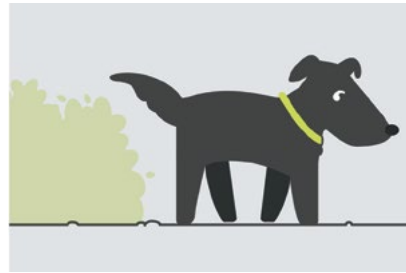
LAGGING BEHIND ON WALKS



SLOW TO RISE



DIFFICULTY JUMPING



FEELING STIFF



DIFFICULTY WITH STAIRS

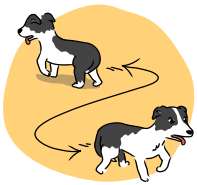
8. Does your dog react, become anxious or fearful to loud noises?

(Such as fireworks, thunder, construction, celebrations, etc.)

YES

NOPE

9. When your dog reacts to loud noises, what signs do they show?



PACING OR RESTLESSNESS



LIP LICKING



TREMBLING OR SHAKING



PANTING



OWNER SEEKING BEHAVIOR OR ABNORMAL CLINGINESS



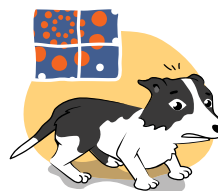
COWERING



HIDING



BROW FURROWED OR EARS BACK



FREEZING OR IMMOBILITY



VOCALIZING (WHINING OR BARKING AT THE SOUNDS)

10. Any other signs?

This questionnaire is not a medical diagnostic tool and is not intended to replace discussions with an animal healthcare professional. Discuss medical concerns with your veterinarian.

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CANINE LIFESTYLE INTAKE FORM

CHEAT SHEET



1. Is there anything you would like to do with your dog, but can't?

2. Where does your dog spend time? (circle all that apply)

DEPENDING ON WHAT THE PET OWNER CIRCLES, THEIR DOG MAY BE AT RISK FOR A NUMBER OF DIFFERENT CONCERNS. NEXT TO EACH LIFESTYLE ICON THERE ARE EXAMPLES OF THESE CONCERNS, HOWEVER THERE MAY BE MORE RISKS THAT ARE NOT LISTED.



In the house: Noise aversion, internal/ external parasites, allergies (getting into garbage, foreign bodies).



In a body of water: Internal/ external parasites, protozoa (e.g. Cryptosporidium, Giardia), bacteria (e.g. Leptospirosis, Campylobacter, Salmonella), drowning (life preservers), ear disease, and trauma (fish hooks, sharp rocks, etc.).



In the yard: Internal/external parasites, allergies, leptospirosis, tick-borne diseases (i.e. Lyme), toxins (mushrooms, rodenticides, plants, etc), infectious diseases (rabies) and trauma (cuts, cruciate tears, breaks, etc) wildlife.



In the woods/nature: Heartworms, fleas, ticks, intestinal parasites, tickborne diseases (i.e. Lyme), leptospirosis, trauma (cuts, cruciate tears, breaks, etc), wildlife, toxic plants.



Dog Parks: Infectious diseases (Bordetella, CIV, ITB, etc), internal/ external parasites, injuries (fighting, dog bites), motion sickness (car travel).



Doggy Daycare: Infectious diseases (Bordetella, CIV, ITB, etc), internal/ external parasites, injuries (fighting, dog bites), motion sickness (car travel), and noise aversion.



With other dogs: Infectious diseases (Bordetella, CIV, ITB, etc), internal/ external parasites, injuries (fighting, dog bites).



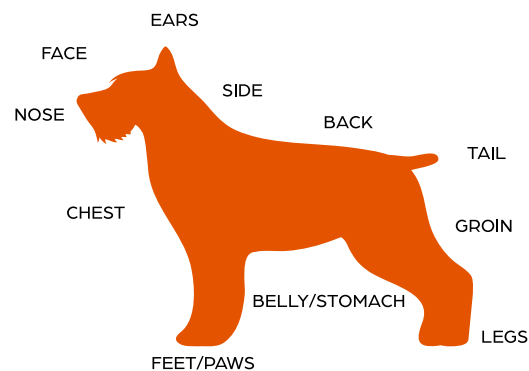
Vacations/roadtrips: Motion sickness (car travel), noise aversion (loud, unfamiliar sounds), exposure to regional infectious diseases, internal/ external parasites, tick-borne diseases, etc; injuries (not being restrained), heatstroke, running away (microchip).

3. Does your furry pal scratch, chew, lick, or rub any part of his or her body?

THIS COULD BE SIGNS OF ALLERGIC SKIN DISEASE OR FLEAS OR OTHER PARASITES

4. If yes, which parts of the body are affected? (circle all that apply)

IF CHECKED YES, THEN THIS DOG COULD BE SUFFERING FROM ITCH CAUSED BY ANY OF A NUMBER OF DERMATOLOGICAL CONDITIONS AND REQUIRES A SKIN WORK-UP. DIAGNOSIS STARTS WITH RELIEF BY STOPPING THE ITCH, FOLLOWED BY A WORK-UP TO RULE OUT PARASITES, TREAT SKIN INFECTIONS, CONDUCT A DIET TRIAL, CONFIRM WHETHER THE ITCH IS CAUSED BY ATOPIC DERMATITIS AND PLAN FOR LONG-TERM MANAGEMENT, IF NECESSARY. ENSURE DVM IS AWARE OF THE AREA(S) ON THE BODY THE PET OWNER HAS INDICATED.



5. Did your dog vomit on the way to the clinic today? **YES**

NOPE

6. Has your dog shown any of the following signs during car rides?

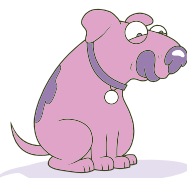
IF CHECKED YES, OR ANY OF THE DOGS ARE CIRCLED, IT COULD BE MOTION SICKNESS.



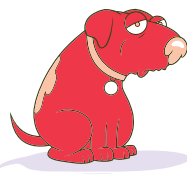
VOMITING



EXCESSIVE PANTING



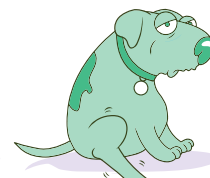
EXCESSIVE LIP LICKING



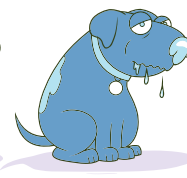
INACTIVITY



SHAKING



RESTLESSNESS



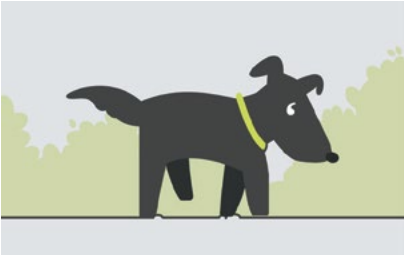
DROOLING

CANINE LIFESTYLE INTAKE FORM CHEAT SHEET

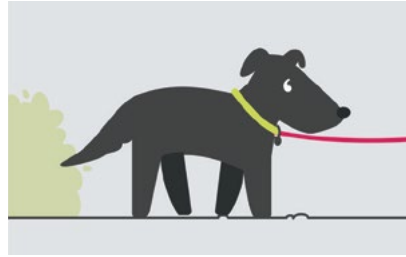


IF ANY OF THE DOGS ARE CIRCLED, THEN THIS DOG MAY BE SUFFERING FROM PAIN DUE TO OSTEOARTHRITIS.

7. Is your dog lagging behind, limping or reluctant to engage in normal activities? (circle all that apply)



LIMPING AFTER EXERCISE



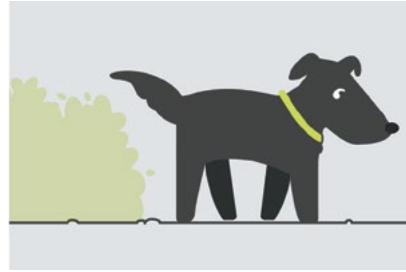
LAGGING BEHIND ON WALKS



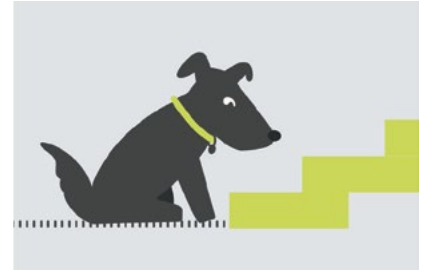
SLOW TO RISE



DIFFICULTY JUMPING



FEELING STIFF



DIFFICULTY WITH STAIRS

8. Does your dog react, become anxious or fearful to loud noises?

(Such as fireworks, thunder, construction, celebrations, etc.)

IF CHECKED YES, OR ANY OF THE DOGS ARE CIRCLED, IT COULD BE CANINE NOISE AVERSION. ASK HOW FREQUENTLY IT OCCURS, HOW SEVERE THE DOG'S REACTION IS AND HOW LONG IT TAKES THE DOG TO RECOVER.

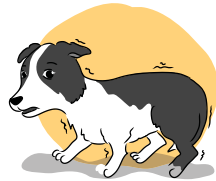
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PACING OR RESTLESSNESS



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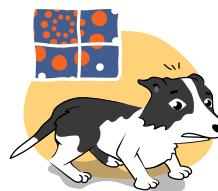
COWERING



HIDING



BROW FURROWED OR EARS BACK



FREEZING OR IMMOBILITY



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