

Omaha Animal Medical Group

Dog Lifestyle Assessment Form

Dog's Name _____ Age _____
Sex _____ Breed _____ Color _____
If more than one pet, # of cats _____ #of dogs _____ Other _____
Microchip number (if known) _____

Help us learn more about your dog by checking all of the following that apply:

- My dog goes for long walks with me in the neighborhood.
- My dog is friendly and loves to interact with other dogs when we walk.
- My dog is afraid of other dogs and will not go near them.
- My dog attends () shows () field trials () day care () obedience classes.
- My dog goes to the park and plays with other dogs.
- Friends bring their pets when visiting my home.
- My dog has been known to bite or snap.
- My dog stays in the backyard at all times.
- My dog is indoors most of the time and only goes outside in the backyard.
- My dog goes for a run by himself in the neighborhood daily.
- I remove ticks from my dog () daily () weekly () monthly () never.
- My dog visits or lives on a farm or other rural facility.
- My dog goes to the groomer.
- A groomer comes to my premises to groom my dog.
- I volunteer/work at an animal shelter/rescue facility/wildlife center.
- My dog was purchased from a pet store. (Store Name _____)
- My dog was purchased from the humane society.
- My dog was adopted from a private household (not a breeder).
- My dog was a stray.
- My dog was purchased from a breeder. (Registered Name _____)
- My dog boards when we go on vacation.
- My dog travels with me with we go on vacation.
- A pet sitter comes to my house when we go away on vacation.
- My dog is afraid of () other cats () dogs () people.
- My dog is afraid to visit the veterinary hospital.
- I or someone in my family experiences chemotherapy, diabetes, or another immune suppressive disease/disorder.
- How important is your pet's health to you ? _____
- How important is it to you that your pet is not in pain ? _____