

WHAT KIND OF DOG ARE YOU?

The Doctors of Central Pasco Veterinary Care would like to customize your dog's preventative care plan based of his/her exposure risks. Please fill out the following so we can assess any concerns:

Dogs Name: _____ Age: _____ Breed(s): _____ Spayed/Neutered: _____

THE HOME FRONT:

Where do you live: City Country Farm There is a wooded area near our home

Does your dog go outdoors: Indoor Only Secured in fenced area/backyard

Walked on a leash in a controlled environment Unleashed and able to roam free

Where does your dog sleep?: _____ (inside, outside, bedroom, crate)

ON THE ROAD:

Do you travel with your dog? Air Car Boat Travel to what states: _____

Do you: Stay with Friends Pet Friendly Hotel Travel in an RV Go to Camp sites

If you travel without your pet, they stay at: **(Please also sign a vaccine record request form)**

Boarding Facility: _____ Pet Sitter comes to our home: _____

Friends/Neighbor comes to our home Our pet(s) stay at _____ house

SOCIAL ACTIVITY:

Does your dog participate in: Dog Shows Pet Therapy Obedience School Agility Classes

Do you go to: Dog park/Beach Grooming Doggie Day Care Mobile groomer comes to home

Do you have any other pets at home: _____

YOUR DOGS CHARACTER AT VET VISITS:

Excited/outgoing Quiet and friendly Shy, go slowly Really nervous and may bite

YOUR FAMILY: How many people take care of your dog: _____ Adults _____ Children _____ Seniors

Do any of these people handle: Wildlife Rescue Animals School Animal Programs Other

Does anyone have immune suppressive disease or undergo Chemotherapy?: _____