

Canine Lifestyle Assessment Form



For Office Use Only:

- Review by Technician
- Review by Veterinarian

Pet Owner Name: _____

Name of Dog: _____ Breed: _____ Color: _____

Date of Birth: _____ Age: _____ Male Female Spayed/Neutered

Date of last preventive care visit: _____

1. How many dogs live in your home? _____
2. How many cats? _____
3. Other pets in household include: _____

Travel and outdoors

4. How much time does your dog spend outside every day? _____ hours
5. Do you take your dog to any of the following (check all that apply):
 - Dog parks
 - Doggie day care
 - Boarding or grooming facilities
 - Puppy school
 - Obedience training
 - Organized competitions
6. Do you travel with your dog? Yes No Where do you go? _____
7. Do you take your dog hiking, hunting, camping, or fishing? Yes No
8. Does your pet have exposure to possible tick contact? Yes No

Home environment and home care

9. Do you observe wild animals or other wildlife in your neighborhood?
 - Feral Cats
 - Squirrels, Chipmunks, Skunks or Small Rodents
 - Raccoons
 - Deer
 - Wild Canines (Coyotes, Foxes) Other
10. Do you or your dog visit homes where there are pets? Yes No
11. Do other pets come visit at your house? Yes No
12. Does anyone with compromised immune systems live in or visit your home? Yes No
13. Have you seen evidence of fleas, ticks or worms on any of your pets in your home? Yes No
14. Which pets do you treat for fleas, ticks, internal parasites, or heartworms? Dog(s) Cat(s)
15. Please list all of the products, medications or supplements your dog is using,
 - Flea or tick control products _____
 - Pain medications (including prescriptions, aspirin or supplements) _____
 - Dental products (including chews) _____
 - Heartworm preventive _____
 - Others _____
16. What kind of diet do you feed your dog? _____
17. Do you feed your dog treats? Yes No If so, how many times per day? _____
18. What kind of exercise does your dog get? _____

Unusual behavior

19. Does your dog scratch, bite at its skin or seem "itchy"? Yes No
20. Have you noticed
 - Yes No Any weight loss or gain?
 - Yes No Any change in your dog's skin or hair coat?
 - Yes No Any recent change in your dog's behavior or activity level?
 - Yes No Any signs of pain, like slow to get up or down, tremor or weakness in rear legs, protective of certain body part?
 - Yes No Any recent changes in your dog's behavior when defecating or urinating?

Please describe the changes: _____

Please initial your understanding and agreement with the following policies of Acadian Animal Hospital:

- Payment Policy:**
- We accept cash, check, VISA, and MasterCard.
 - For additional payment solutions, we offer and accept Care Credit, which offers flexible payment plans with NO OR LOW INTEREST. Ask us about their payment plans today if you are interested.
 - Pet Insurance: We recommend Veterinary Pet Insurance (VPI), which is the largest pet insurance company in the US. Ask us about how pet insurance works today.
 - Full payment is required at discharge.
- Flea Policy:** For the safety and well being of your pets, any animal found to have evidence of fleas (or other internal/external parasites) will be given a flea preventative immediately. Appropriate flea control is one of the precautionary measures the hospital takes to ensure your pets comfort.
- Hospitalization:**
- An estimate of charges will be given for services.
 - I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise, and I agree to pay in full for all services provided at the time of discharge.
 - I understand that I will be contacted prior to treatment, if possible, should complications occur. In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Acadian Animal Hospital, LLC and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
 - I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given.
 - I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment.
 - I expect that reasonable precautions will be used to ensure my pet's safety and well-being while in Acadian Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge.
 - I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my pet may need to have another procedure at a future date at my expense.
 - No guarantee or assurance can be made as to the results that may be obtained.
- Emergency Care Policy:** The undersigned hereby warrants that they are the owner or authorized agent for the pet listed in this record and does consent and authorize Acadian Animal Hospital to care for and treat said pet. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my pet until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my pet. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well being of my pet. I understand I will be responsible for all charges incurred at checkout.
- Disaster Preparedness Policy:** In the event of a natural or man-made disaster, there may be times when practices cannot maintain custody of boarded or hospitalized patients. This may be due to unavailability of staff, loss of power for heat or air-conditioning, or unsafe or unsanitary conditions within the facility. In such an event, we will attempt to contact the owner and local contact to apprise them of the situation and future plans. We will also attempt to have up-to-date information on our website at www.acadiananimalhospital.com. Rest assured, our patients are our top priority, and we will do everything within our power to provide for their safety and well being during such a disaster.
- Photo Release:** I, the undersigned, do hereby consent and agree that Acadian Animal Hospital, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pet(s) and to use them in any and all media, now or hereafter known, and exclusively for the purpose of medical records and education of clients.

X

Authorized Agent
Owner