

PET PRO LIFESTYLE QUESTIONNAIRE

Name: _____

Phone: _____

Email: _____

Do you live in a : House Apt

Do you live in the: Country City

How many children in your household? _____ Adults? _____

Is the house: Active Quiet

Does your dog tend to be: Shy Outgoing

Does your dog have bladder control: Yes No

Does your dog have stool control: Yes No

Is your backyard fenced? Yes No

Is there standing water nearby? Yes No

Are there other dogs nearby? Yes No

Does other wild life enter the yard? Yes No

Do you walk your dog? Yes No

- If yes, how far and how often? _____

Do you take your dog to a dog park? Yes No

Do you take your dog to public parks? Yes No

Do you take your dog to Doggie Day Care? Yes No

Is your dog restricted to certain areas/rooms of the house? Yes No

Is your dog allowed in the garage? Yes No

Do you use an exterminator? Yes No

Do you use household pest controls (mouse poison, roach control, etc.)? Yes No

When you take trips, does your dog:

- a. Go with you
- b. Stay with another family
- c. Stay in a kennel
- d. Pet sitter comes to house

Do you ever take your dog camping? Yes No

How often do you poop scoop? _____

Do you clean your dog's toys? Yes No

If yes, how do you clean them? _____

What type of food do you feed your dog? _____

How much? _____ How often? _____

Do you supplement food with bones? Yes No

Do you supplement with treats? Yes No

What type of flea control do you use? _____

How often? _____

What type of heartworm control do you use? _____

How often? _____