



# Canine Assessment Form

How many pets are in your home?

Dogs  Cats  Other  (please list animal type)

## Travel & Outdoors

How much time does your dog spend outside each day?  hours

Do you take your cat to any of the following? (check all that apply)

- ☐ Dog Park ☐ Doggie Day Care ☐ Boarding/Grooming ☐ Obedience Training  
☐ Puppy Classes ☐ Organized Competitions ☐ Other \_\_\_\_\_

Do travel with your dog? ☐ Yes ☐ No

If Yes, where do you go? \_\_\_\_\_

Do you take your dog hiking? ☐ Yes ☐ No

## Home Environment & Home Care

Do you observe wild animals or other wildlife in your neighborhood? (check all that apply)

- ☐ Feral Cats ☐ Squirrels ☐ Chipmunks ☐ Skunks ☐ Rodents ☐ Raccoons ☐ Deer  
☐ Wild Turkeys ☐ Wild Canines (Coyotes/Fox) ☐ Other \_\_\_\_\_

Do you or your dog(s) visit homes where there are other pets? \_\_\_\_\_ ☐ Yes ☐ No

Do other pets come to visit at your home? \_\_\_\_\_ ☐ Yes ☐ No

Does anyone with a compromised immune system live in or visit your house? \_\_\_\_\_ ☐ Yes ☐ No

Have you seen evidence of fleas, ticks, or worms in any of your pets or in your home? ☐ Yes ☐ No

Which pets do you treat for fleas, ticks, internal parasites or heart-worms \_\_\_\_\_ ☐ Dog(s) ☐ Cat(s)

# Canine Assessment Form

(continued)



**MOUNTAIN VISTA  
VETERINARY SERVICES**

66062 MT HW-37  
Eureka, MT 59917  
(406) 478-6887

Please list all of the products, medications, or supplements your dog is using.  
(including flea/tick and heart-worm prevention)

Product / Medication / Supplement	Directions

What kind of diet do you feed your dog? \_\_\_\_\_

Do feed your dog treats? ☐ Yes ☐ No

If Yes, how many times per day? \_\_\_\_\_

What kind of exercise does your dog get? \_\_\_\_\_

## Unusual Behavior

Does your dog scratch or bite at its skin or seem itchy? \_\_\_\_\_ ☐ Yes ☐ No

Have you noticed any weight loss or gain? \_\_\_\_\_ ☐ Yes ☐ No

Any recent change in your dog's skin or hair coat? \_\_\_\_\_ ☐ Yes ☐ No

Any recent change in behavior or activity level? \_\_\_\_\_ ☐ Yes ☐ No

Any signs of pain such as: slow to get up or down, tremor or weakness in the rear legs,  
or protecting a certain body part? \_\_\_\_\_ ☐ Yes ☐ No

Any recent changes in your dog's behavior when defecating or urinating? \_\_\_\_\_ ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

---

---

---

---