



# VESTAL VETERINARY HOSPITAL

2316 Vestal Parkway, East • Vestal, NY 13850 • Phone (607) 754-3933

Jeffrey D. Shafer, DVM  
Laura R. Shafer, DVM  
Tracy Durham, DVM

## LIFESTYLE SURVEY

For \_\_\_\_\_  
Pet's Name Last Name

Please help us to 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 very 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 (circle one)
- 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 when...\_\_\_\_\_
- 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
- My dog visits or lives on a farm or other rural facility
- My dog goes for hikes and/or runs in the woods
- I volunteer/work at an animal shelter/rescue facility/wildlife center
- I remove ticks from my dog on a daily/weekly/monthly basis (circle what applies)
- My dog goes to the groomer every \_\_\_\_\_weeks
- The groomer comes to my premises to bathe my dog
- My dog was purchased from a pet store/humane society/other rescue (circle)
- My dog was a stray
- My dog was adopted from family (not a breeder)
- My dog was purchased from a breeder (Registered name \_\_\_\_\_)
- My dog was purchased from a pet store (Name of store \_\_\_\_\_)
- My dog boards at a kennel when we go away on vacation
- My dog travels with us on vacation
- A pet sitter comes to my house when we go away on vacation
- My dog is afraid of: ( ) other dogs ( ) cats ( ) people
- My dog is afraid to visit the veterinary clinic
- I or someone in my family experiences chemotherapy, diabetes, or another immune suppressive disease

Name of person completing survey \_\_\_\_\_ Date \_\_\_\_\_