## Husbandry Information

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your dog or cat.
Patient name: $\qquad$ Date: $\qquad$
Are there other pets in your home? Yes $\square$
$\square$
If yes, please specify: $\qquad$
What does your pet eat? Please include all foods and treats offered: $\qquad$

What type and brand food is offered? $\qquad$
How often do you feed your pet? $\qquad$
How much is offered for each meal? $\qquad$
How often does your pet receive treats? Which ones? $\qquad$
Does your pet receive monthly heartworm prevention? Yes


If yes, what brand?: $\qquad$
Does your pet receive monthly flea and tick prevention? $\square$ No $\square$
If yes, what brand?: $\qquad$
Do you give any supplements? Yes $\square$ No $\square$
(glucosamine, essential fatty acids, probiotics, vitamins, other)
If yes, please specify: $\qquad$
Where does your pet spend time? $\square$
 Indoor and outdoor $\square$
When your pet is outdoors, your pet is: $\square$ Leashed $\square$ Fenced $\square$
Is your pet Supervised? Yes $\square$ N o $\square$
How frequently are the food and water dishes cleaned? $\qquad$
Has your pet been crate trained? Yes $\square$ No $\square$
Has your pet received any training? Yes $\square \quad$ No $\square$
If yes, what kind? Group classes $\square$


Dog: Is your pet potty trained? Yes Cat: Is your pet litter box trained? Yes $\square$

