



**We are committed to getting to know your pet better.  
We have a few questions for you regarding their lifestyle.  
Thank you!**

1. What is the reason for your visit today? \_\_\_\_\_
2. How many dogs are in your home? \_\_\_\_\_
3. How many cats are in your home? \_\_\_\_\_
4. How much time does your dog/cat spend alone? \_\_\_\_\_
5. Is your dog destructive when left home alone? \_\_\_\_\_
6. Does your dog urinate in the house? If so how often? \_\_\_\_\_
7. If you have a cat, does your cat miss the litterbox when eliminating? \_\_\_\_\_
8. Is there anything they do that you wish they didn't? \_\_\_\_\_
9. What activities do you enjoy with your pet? \_\_\_\_\_
10. Did you know we use pheromones to help your pet experience a lower stress visit while you are waiting? \_\_\_\_\_
11. Did you know you can use pheromones at home to help reduce stressful situations or reduce anxiety? \_\_\_\_\_

**Once you are completed with this form, please hand it to your nurse.**

