



Tell us about the lifestyle of your dog

Dog Owner's Name: _____ **Dog's Name:** _____

Other pets in the household include: _____ Dog(s) _____ Cat(s) _____ Other: _____

My dog's products, medications, or supplements include:

Flea and Tick Control Products: _____ Heartworm Preventative: _____

Pain Medications: _____ Other: _____

Dental Products: _____

Please check all boxes that apply in the following sections.

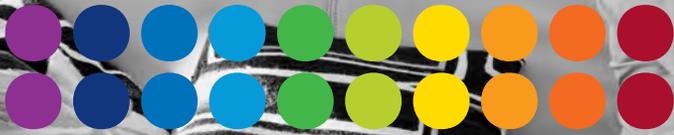
1 How does your dog meet other dogs?

Does not meet other dogs

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> During walks | <input type="checkbox"/> At doggie day care | <input type="checkbox"/> At the groomer | <input type="checkbox"/> At dog sports events |
| <input type="checkbox"/> In the elevator | <input type="checkbox"/> At a boarding facility | <input type="checkbox"/> At the vet | <input type="checkbox"/> Other; please specify: |
| <input type="checkbox"/> In the dog park | <input type="checkbox"/> During family/friend gatherings | <input type="checkbox"/> At dog shows | _____ |

2 Does your dog...

- | | |
|--|---|
| <input type="checkbox"/> Like to swim/play in rivers, lakes, beaches, garden ponds, water puddles, pools, creeks, swamps, or other water | |
| <input type="checkbox"/> Like to drink from rivers, lakes, oceans, water puddles, garden ponds, creeks, swamps, or other water sources | |
| <input type="checkbox"/> Live in a backyard which is also frequented by other dogs or wildlife (raccoons, skunks, coyotes, rats, or others) | |
| <input type="checkbox"/> Live in a city or town where rats roam or have access to trash/dumpster accumulation in the backyards of restaurants or delicatessens | |
| <input type="checkbox"/> Have access to a wooded area or an area with shrubs in your backyard | <input type="checkbox"/> Like to hunt with you |
| <input type="checkbox"/> Have a backyard that deer frequent; or does your dog try to chase deer | <input type="checkbox"/> Have ticks once in a while |
| <input type="checkbox"/> Take walks in wooded areas or areas with shrubs, including parks | <input type="checkbox"/> Travel to the Northeast or Midwest |
| <input type="checkbox"/> Travel to other areas of the US; please specify: _____ | |



Tell us about the lifestyle of your cat

Cat Owner's Name: _____ Cat's Name: _____

Other pets in the household include: _____ Dog(s) _____ Cat(s) _____ Other: _____

My cat's products, medications, or supplements include:

- Flea and Tick Control Products: _____ Heartworm Preventative: _____
- Pain Medications: _____ Other: _____
- Dental Products: _____

Please check all boxes that apply in the following sections.

1 Is your cat...

- | | |
|---|---|
| <p><input type="checkbox"/> Under 1 year old</p> <p><input type="checkbox"/> Living with or visiting other cats</p> <p><input type="checkbox"/> Meeting other cats during family/friend gatherings</p> <p><input type="checkbox"/> Boarded or left with friends or family who have other cats when you go on vacations or business trips</p> <p><input type="checkbox"/> Going to a groomer</p> <p><input type="checkbox"/> Taking sunbaths outside once in a while</p> <p><input type="checkbox"/> An outdoor cat</p> <p><input type="checkbox"/> Occasionally meeting other cats on the balcony or porch</p> <p><input type="checkbox"/> Occasionally meeting other cats in the hallway or other places in a multifamily home</p> | <p><input type="checkbox"/> Not spayed or neutered</p> <p><input type="checkbox"/> Making friends with foster cats</p> <p><input type="checkbox"/> A show cat</p> <p><input type="checkbox"/> Cared for by a cat sitter or a neighbor who also has cats</p> <p><input type="checkbox"/> Strolling or hunting in your backyard or your neighbors' backyards</p> <p><input type="checkbox"/> Sneaking or escaping outside before you can catch him/her or because someone left the door open</p> <p><input type="checkbox"/> Meeting any other cats in any other way; please specify:

 _____</p> |
|---|---|

Nobivac Essential protection for essential bonds

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