

Toxicity Questionnaire for _____ Date: _____

Recognizing and reducing the number of toxins to which your pet is exposed may be a key to better health. A toxicity questionnaire helps the practitioner in assessing exposure to toxins.

Circle the corresponding number for each question.

0 = Never 1 = Rarely 2 = Monthly 3 = Weekly 4 = Daily

a. How often are strong chemicals used in your home? (disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.)

0 1 2 3 4

b. How often are pesticides used in your home?

0 1 2 3 4

c. How often is your pet exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense or varnish in your home?

0 1 2 3 4

d. How often is your pet exposed to human perfume, or pet grooming products with fragrance?

0 1 2 3 4

e. How often is your pet exposed to exhaust fumes, garage fumes, or gasoline fumes?

0 1 2 3 4

f. Is your pet confined to or spend time in areas where televisions, stereos, computers, fax machines, copiers, wireless household circuitry, electrical/breaker boxes, cell phones, microwave ovens, clothes dryers or other electrical appliances are being used?

Yes no

If yes, how much time does your pet spend in these areas? Circle one.
Few minutes 1-2 hours/day 4-5 hours/day more than 5 hours: _____ hours

g. How often are scented room fresheners (sprays, automatic dispensers, plug-ins, etc.) scented candles, room/fabric sprays, deodorizers used in your home?

0 1 2 3 4

h. Do you have carpeting, or upholstered furniture treated with Scotchguard in your home? Does your pet spend time on these surfaces?

0 1 2 3 4

Have you noticed any changes in your pet's health since you moved into your home? Please describe: _____

Please check if your pet has been exposed to any of the following, and list any chemicals, ingredients for each category. You may also note any questions or concerns you may have:

Food:

- Pet Food or Pet Treat Additives & Preservatives _____
- Pet Food Colorings _____
- Recalled Pet Foods _____

Grooming/Care Products

- Pet Shampoo/Grooming Products _____
- Pet Care Products (Topical sprays, powders, ointments etc. _____
- Medications/Radiation/Chemotherapy?Vaccinations _____
- Please note the type of cat litter used. _____
- Please note the brand name of any flea, tick, heartworm medication used. _____

Household Toxin Exposure:

- Household Cleaners (carpet, floor & tile cleaners, kitchen/bathroom cleaners, laundry soaps/fabric softeners, etc. _____
- Household Chemicals (bug sprays, room freshener sprays/plug-ins: Be sure to consider kennels, pet day care and pet sitting facilities as well. _____
- Home Furnishings & Bedding (new upholstery, bedding, new woodwork/cabinetry, painting, construction or remodeling, etc. _____
- Yard & Garage Chemicals (bug sprays, weed sprays, lawn sprays, etc.) This may or may not include spraying by nearby neighbors, or in the parks, kennels or day care/pet sitting service where your pet frequents. _____