

# Flea Control History



1. What flea control products are you using now? *(List all products for all pets.)*

\_\_\_\_\_

2. For all pets, when was the last dose administered? \_\_\_\_\_

3. For all pets, how many applications have you used and when were they applied? \_\_\_\_\_

\_\_\_\_\_

4. When were fleas noticed? \_\_\_\_\_

5. Are fleas a problem on all your pets? \_\_\_\_\_

6. Is this a recurring problem? \_\_\_\_\_

7. How many and what other types of pets are in the household? \_\_\_\_\_

\_\_\_\_\_

8. How many hours a day does your pet spend outdoors? \_\_\_\_\_

Where does it go—the backyard, shared courtyard, sidewalk or dog parks? \_\_\_\_\_

9. Do other pets visit your household, or does your pet visit another home?

10. Where does your pet sleep or rest? \_\_\_\_\_

11. Do you have an elevated porch, a crawlspace or another structure under which your pet, stray animals or wildlife might get access?

\_\_\_\_\_

12. Are any people bitten by fleas in your home? \_\_\_\_\_

If so, where do you see fleas? \_\_\_\_\_