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? _____

The information for this handout was provided by Michael W. Dryden, DVM, MS, PhD, Department of Diagnostic Medicine and Pathobiology, College of Veterinary Medicine, Kansas State University, Manhattan, KS 66506.