

CANINE DISEASE RISK ASSESSMENT FORM

Date: _____ Pet's Name: _____
Client Name/Number: _____ Pet's Birthday: _____

1. Do you use a heartworm preventive? Y / N
a. If yes, list type: _____, Date last administered: _____
2. Do you use a flea/tick preventive? Y / N
a. If yes, list type: _____, Date last administered: _____
b. Have you seen fleas or ticks on your pet? Y / N
3. Would you like for your pet to receive vaccines with 3 year protection (instead of 1 year protection), if the doctor deems appropriate? Y / N
4. We highly recommend yearly lab work to determine your pet's overall health and internal organ function. Would you like for these important tests to be performed, if the doctor deems appropriate? Y / N
5. Do you have other pets? Y / N
a. If yes, how many? Number of dogs _____ Number of cats _____
b. Are all pets currently vaccinated and on heartworm and flea preventive? Y / N
6. Check if your pet does any of the following:
a. Board/Groom b. Parks c. Training class d. Camping/hiking/hunting d. Travel
7. What brand of food do you feed your pet? _____. How much and how often? _____
8. Do you provide any dental care for your pet? Y / N If yes, please explain.
9. Have you noticed any lumps or bumps on your pet? Y / N If yes, please explain.
10. Have you noticed any skin/coat problems on your pet? Y / N If yes, please explain.
11. What best describes the amount of time your pet spends outdoors?
13. Is there wildlife in your area: mice, squirrels, raccoons, birds, possums, deer? Y / N
14. Please list all current medications.
15. Please list any other health issues you would like to discuss with the veterinarian.