**Canine Disease-Risk Assessment**

**Form & Lifestyle Review**

**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Our practice’s goal is to provide you with the up-to-date pet health information***

***you need to make an informed decision about your pet’s health care!***

1. Where does your pet spend it’s time?

  Indoors

  Outdoors

  In and Out

2. How many other pets are in your home? \_\_\_\_

How many dogs? \_\_\_\_\_\_

How many cats? \_\_\_\_\_\_\_

Other? \_\_\_\_\_\_\_

3. My dog comes into contact with other pets...

 Yes…  While boarded in a kennel

  While professionally groomed

  While at a dog park

  While on a walk

  No

4. Is there wildlife in your area, including deer,

mice, squirrels, birds, raccoons, rats, or skunks?

  Yes  No

5. Do you frequently see mosquitoes near where

your dog goes outdoors?

  Yes  No

6. Do you hunt with your dog?

  Yes  No

7. Does your dog have an opportunity to drink from

water outdoors (ponds, puddles, water bowls, etc)?

  Yes  No

8. Is your dog currently on a heartworm preventive?

  Yes (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

9. Is your dog currently on a flea and tick preventive?

  Yes (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

10. Is your dog on any medications?

  Yes (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

11. Has your dog ever become sick after a vaccination?

  Yes  No

12. Which best describes your dog’s weight?

  Too thin  Normal weight

  Gained a few pounds  Needs to lose weight

13. Which best describes your dog’s breath?

  Not bad for a dog’s breath

  Unpleasant

  Really bad (needs mouthwash)

14. Please check any of the conditions that your pet

has experienced:

  Crying  Change in behavior

  Eye discharge  Vision problems

  Hair loss  Fleas or ticks

  Skin growth  Change in weight

  Sneezing  Frequent urination

  Change in appetite  Increased thirst

15. Do you have pet insurance?

  Yes (Name of Provider ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  No

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