**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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