

ANIMAL HOSPITAL OF SAYREVILLE

Please print this form, fill it out and bring it to the hospital at the time of your appointment.

Risk Assessment Form

Disease risks can vary by region and by animal. Answering these questions can help your veterinarian develop an immunization program to protect your pet.

- Your Pet's Name: _____ Pet's Age: _____ Dog Cat
- When your pet goes outdoors, is it ever unsupervised? (1-14) Yes No
- Does your pet come into contact with other pets or their environments? (1-3,5-14) Yes No
- Is there wildlife in your area, including mice, squirrels, birds, possums, raccoons, or skunks? (2-5,7,12,14) Yes No
- Are there ticks in your area? (4) Yes No
- Do you travel with your pet to areas where ticks or mosquitoes may be present? (4) Yes No
- Does your pet have an opportunity to drink from standing water outdoors such as ponds, puddles, etc.? (3,5,12) Yes No
- Does your pet sleep with you or your children? (3,5,7,12,14) Yes No
- Do you ever take your pet to a groomer or boarding facility? (1,2,5,6,8,9,10,12,13) Yes No
- Do you ever take your pet to cat or dog shows? (1,2,5,6,8,9,11-13) Yes No
- If you own a dog, do you ever take it hunting? (1-5,7) Yes No
- Is your pet spayed or neutered? Yes No
- Are there mosquitoes in your area? Yes No
- If your dog is on a monthly heartworm preventative, have you ever missed a dose by more than two weeks? Yes No

This is only a partial list of factors that influence disease-risk. Your veterinarian may have additional questions to help determine an immunization program that's best for your pet.

Recommended immunizations for this animal:

Canine	Schedule	Feline	Schedule
1. <input type="checkbox"/> Parvovirus / Coronavirus	_____	8. <input type="checkbox"/> Panleukopenia Virus	_____
2. <input type="checkbox"/> Distemper / Adenovirus Parainfluenza	_____	9. <input type="checkbox"/> Calicivirus / Rhinotracheitis Chlamydia	_____
3. <input type="checkbox"/> Leptospirosis	_____	10. <input type="checkbox"/> Feline Leukemia / Feline Immunodeficiency Virus	_____
4. <input type="checkbox"/> Lyme Disease	_____	11. <input type="checkbox"/> Feline Infectious Peritonitis	_____
5. <input type="checkbox"/> Giardia	_____	12. <input type="checkbox"/> Giardia	_____
6. <input type="checkbox"/> Bordatella Bronchiseptica (Kennel Cough)	_____	13. <input type="checkbox"/> Bordatella Bronchiseptica	_____
7. <input type="checkbox"/> Rabies	_____	14. <input type="checkbox"/> Rabies	_____

Note: Combined immunizations are available to minimize injections.

Client signature and date

Veterinarian signature and date