

CANINE DISEASE RISK ASSESSMENT FORM

Being a dog is risky business! Disease risks vary by region and individual animal. Answering these questions will help your veterinary team develop a disease protection plan that is right for your dog.



Your Name: _____ Date: _____

Dogs Name: _____ Dogs Age: _____

PART 1: Risk Assessment (To be completed by pet owner)

Do you have multiple pets?() Y () N

Does your dog go outdoors unsupervised?() Y () N

Does your dog have an opportunity to drink from water outdoors (ponds, puddles, water bowls, etc.)? () Y () N

Do you ever take your dog to a boarding facility or groomer? How often? _____() Y () N

Do you ever travel with your dog? If so, where? _____() Y () N

Do you ever take your dog to dog shows?() Y () N

Do you hunt with your dog?.....() Y () N

How many ticks does your dog get per year? _____ Do you use tick control?.....() Y () N

Is your dog ever exposed to areas where there are rattlesnakes?.....() Y () N

Has your pet ever become sick or had a reaction after vaccination?() Y () N
If so, which vaccine and what type of reaction? _____

Is your dog on heartworm prevention medication? If so, what brand? _____() Y () N

Has your dog missed a monthly heartworm prevention dose? If so, when? _____() Y () N

Does your dog have any known diseases? If so, what type? _____() Y () N

Is your pet on any other medications?() Y () N
If so, please list type and dosage: _____

PART 2: Your dog's recommended immunizations (to be completed by veterinarian)

Distemper/Adenovirus/Parvovirus/Parainfluenza 1 Year 3 Year Due Date: _____

Rabies ***Required by law for all pets*** 1 Year 3 Year Due Date: _____

Leptospirosis (Yearly) Due Date: _____ Kennel Cough (Every 6 months) Due Date: _____

Rattlesnake Vaccine Due Date: _____ Lyme (Yearly) Due Date: _____

Rattlesnake vaccine may be recommended twice yearly for certain dogs