

FELINE DISEASE RISK ASSESSMENT FORM

Being a cat 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 cat.



Your Name: _____

Date: _____

Cats Name: _____

Cats Age: _____

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

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

Does your cat go outdoors?() Y () N

Does your cat share it's outdoor bowls with any outdoor or feral cats?.....() Y () N

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

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

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

Does your cat interact with feral or unvaccinated cats?.....() Y () N

Do you have any feline leukemia positive cats at home or any untested cats?.....() Y () N

Do you have any FIV or FIP positive cats in your household?.....() 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 cat on heartworm prevention medication? If so, what brand? _____() Y () N

Has your cat missed a monthly heartworm prevention dose?.....() Y () N

Does your cat 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 cat's recommended immunizations (to be completed by veterinarian)

Panleukopenia/Calicivirus/Rhinotracheitis/Chlamydia 1 Year 3 Year Due Date: _____

Rabies *Required by law for all pets* (Yearly) Due Date: _____

Feline Leukemia Vaccine Due Date: _____