



**1226 Clairmont Rd.
Decatur, GA 30030
(404) 633-6163 Fax: (404) 634-9857
website: www.clairmontanimalhospital.com**

Disease-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.

PET'S FULL NAME:				BREED:				DOG <input type="checkbox"/>		CAT <input type="checkbox"/>	
How old is your pet?	<2yr	2-7 yrs	7-10 yrs	>10yr	Are you giving Heartworm Preventative to your pet?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Is your pet micro-chipped?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If yes, have you missed more than one dose this year?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
When your pet goes outdoors, is it ever unsupervised?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Do you ever take your pet to a groomer, boarding facility, or dog park?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Has your pet had ticks?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Does your pet come into contact with neighborhood pets or their environment?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Are there ticks in your area?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Do you foster stray cats?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Does your pet have an opportunity to drink from standing water outdoors (ponds, puddles, etc.)?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Do you ever take your pet to a cat or dog show?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Is there wildlife in your area, including mice, squirrels, birds, possums, raccoons, or skunks?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	If you own a dog, do you ever take it hunting, camping or to coastal areas?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Do you have children under 5 years of age or are there children around your pet?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Has your cat ever been in a fight with another cat?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Does your pet sleep with you or your children?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Does your pet travel to Northeastern states?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N		
Are you concerned about your dog's teeth/oral health?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N							

RECOMMENDED IMMUNIZATIONS & TESTS FOR THIS PET:

CANINE:

	6 mos	12 mos	36 mos	N/A
Distemper/Adenovirus/Parvovirus				
Bronchitis/Kennel Cough				
Rabies				
Leptospirosis				
Heartworm/Lyme/Ehrlichiosis Test				
Fecal Centrifugation Test				
Porphyromonas/Dental				

FELINE:

	6 mos	12 mos	36 mos	N/A
Distemper				
Leukemia				
Rabies				
FIV/FELV Test				
Fecal Centrifugation Test				