



SHELBY CENTER
Hospital for Animals

Disease-Risk Assessment Form

Patient Name _____

Date _____

Patient # _____ Age _____

Is your pet ever outdoors without your presence? (1 - 13) Y N

Does your pet come into contact with other pets or their environments? (1-3,5-13) Y N

Is there wildlife in your area, including mice, squirrels, birds, possums, raccoons or skunks? (2-4,6,12) Y N

Any presence of fleas or ticks? (4,7,13) Y N

Do you travel with your pet to areas where ticks or mosquitoes may be present? (4,7,13) Y N

Does your pet have an opportunity to drink from standing water outdoors (ponds, puddles, etc)? (3) Y N

Does your pet sleep with you or your children? (3,6,7,12,13) Y N

Do you ever take your pet to a groomer or boarding facility? (1,2,5,7,8,9,10,11,13) Y N

Do you ever take your pet to cat or dog shows? (1,2,5,8,9,11) Y N

If you own a dog, do you ever take it hunting? (1-4,6,7) Y N

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

Additional questions:

Spayed or neutered? Y N

Are there mosquitoes in your area? Y N

If your pet is on monthly heartworm preventative, have you ever missed a dose by more than two weeks? Y N
 Not on preventative

The number next to each question corresponds to the recommended immunizations listed below.

Recommended immunizations for this pet:

Canine	Schedule
1. <input type="checkbox"/> Parvovirus / Coronavirus	_____
2. <input type="checkbox"/> Distemper / Adenovirus Parainfluenza	_____
3. <input type="checkbox"/> Leptospirosis	_____
4. <input type="checkbox"/> Lyme Disease	_____
5. <input type="checkbox"/> <i>Bordetella bronchiseptica</i> (Kennel Cough)	_____
6. <input type="checkbox"/> Rabies	_____
7. <input type="checkbox"/> Frontline/Advantage/ Advantix	_____

Feline	Schedule
8. <input type="checkbox"/> Panleukopenia Virus	_____
9. <input type="checkbox"/> Calicivirus / Rhinotracheitis Chlamydia	_____
10. <input type="checkbox"/> Feline Leukemia	_____
11. <input type="checkbox"/> Feline Immunodeficiency Virus (Must have Microchip)	_____
12. <input type="checkbox"/> Rabies	_____
13. <input type="checkbox"/> Frontline/ Advantage	_____

Note: Combination immunizations are available to minimize injections

Client signature _____ Date _____

Veterinarian signature _____ Date _____