

## Animal Hospital of Warwick

**Disease Risk Assessment Form for:** \_\_\_\_\_  
(Pet's Name)

When your pet goes outdoors, is it ever unsupervised? (Outdoor time counts as unsupervised any time a human isn't present, even if the pet is fenced in or leashed.)  Yes  No

Do you have a fenced yard or invisible fence?  Yes  No

Does your pet come into contact with other pets or their environments?  Yes  No

Is there wildlife in your area (mice, squirrels, birds, opossums, raccoons, skunks, etc)?  Yes  No

Have you seen ticks on yourself or your pet, or in areas you frequent with your pet?  Yes  No

Does your pet have any opportunity to drink from standing water (ponds, puddles, etc) outdoors?  Yes  No

Does your pet sleep with you or your children?  Yes  No

Do you ever take your pet to a groomer or boarding facility?  Yes  No

Do you ever take your pet to cat or dog shows?  Yes  No

If you own a dog, do you ever take it hunting?  Yes  No

Does your cat hunt?  Yes  No

Do you travel with your pet?  Yes  No

If your pet is on a monthly heartworm preventative, have you ever missed a dose by more than two weeks?  Yes  No

If your pet is on a monthly tick control product, have you ever been late to apply it, missed a dose, or skipped a month?  Yes  No  
 What product do you use? \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- FOR HOSPITAL USE ONLY -

Canine Vaccines	Frequency of Vaccination
Distemper/Adenovirus/Parvovirus	_____
Parainfluenza	_____
Bordetella (Kennel Cough)	_____
Leptospirosis 4-way	_____
Lyme Disease	_____
Rabies	_____

Feline Vaccines	Frequency of Vaccination
Panleukopenia Virus/Calicivirus/Rhinotracheitis	_____
Chlamydia	_____
Feline Leukemia	_____
Feline Infectious Peritonitis	_____
Bordetella bronchiseptica	_____
Rabies	_____

**Veterinarian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_