



# 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's right for your dog.

Clinic Stamp

Date \_\_\_\_\_

Your dog's age \_\_\_\_\_

Your name \_\_\_\_\_

Your dog's name \_\_\_\_\_

## Part I: Risk assessment (to be completed by veterinary technician and pet owner)

- |   |   |   |   |
|---|---|---|---|
| Does your dog go outdoors unsupervised?   | <input type="checkbox"/> Y <input type="checkbox"/> N | Does your dog have an opportunity to drink from water outdoors (ponds, puddles, water bowls, etc.)?     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Do you have multiple pets?  | <input type="checkbox"/> Y <input type="checkbox"/> N | Do you ever take your dog to a groomer or boarding facility?  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does your dog come into contact with other people's pets?   | <input type="checkbox"/> Y <input type="checkbox"/> N | Do you ever take your dog to dog shows?   | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Other than visiting the clinic, does your dog ever leave your premises?                                     | <input type="checkbox"/> Y <input type="checkbox"/> N | Do you hunt with your dog?  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is there wildlife in your area, including deer, mice, squirrels, birds, opossums, raccoons, rats or skunks? | <input type="checkbox"/> Y <input type="checkbox"/> N | If your dog is on a monthly heartworm preventative, have you ever missed a dose by more than two weeks? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Have you seen fleas on you or your dog recently?  | <input type="checkbox"/> Y <input type="checkbox"/> N | Does your dog have any known diseases?  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Have you seen ticks on you or your dog recently?  | <input type="checkbox"/> Y <input type="checkbox"/> N | Is your dog on any medications?   | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Do you frequently see mosquitoes near where your dog goes outdoors?   | <input type="checkbox"/> Y <input type="checkbox"/> N | Has your dog ever become sick after a vaccination?  | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has your dog been spayed or neutered?   | <input type="checkbox"/> Y <input type="checkbox"/> N |   |   |

## Part II: Recommended canine immunizations (to be completed by veterinarian)

- |  |  |
|--|--|
| <input type="checkbox"/> LymeVax®                          | <input type="checkbox"/> Bronchi-Shield® III |
| <input type="checkbox"/> LeptoVax™ 4/C+LymeVax®            | <input type="checkbox"/> GiardiaVax®         |
| <input type="checkbox"/> Duramune® DA:PPv+CvK/LCI+LymeVax® | <input type="checkbox"/> Duramune® Cv-K      |
| <input type="checkbox"/> Duramune® DA:PPv+CvKI+LymeVax®    | <input type="checkbox"/> Duramune® Max PC    |
| <input type="checkbox"/> Duramune® Adult 3                 | <input type="checkbox"/> Duramune® Max Pv    |
| <input type="checkbox"/> LeptoVax™ 4                       | <input type="checkbox"/> Rabvac™ I           |
| <input type="checkbox"/> LeptoVax™ 4/C                     | <input type="checkbox"/> Rabvac™ 3           |
| <input type="checkbox"/> Duramune® Max 5-CvK/4L            | <input type="checkbox"/> Rabvac™ 3 TF        |
| <input type="checkbox"/> Duramune® Max 5-CvK               | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Duramune® Max 5/4L                | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Duramune® Max 5                   |  |

Note: Combination immunizations are available to minimize number of injections.

\_\_\_\_\_  
Client signature and date

\_\_\_\_\_  
Veterinarian signature and date



Fort Dodge Animal Health



# 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's right for your cat.

Clinic Stamp

Date \_\_\_\_\_

Your cat's age \_\_\_\_\_

Your name \_\_\_\_\_

Your cat's name \_\_\_\_\_

## Part I: Risk assessment (to be completed by veterinary technician and pet owner)

Does your cat go outdoors unsupervised?  Y  N

Do you have multiple pets?  Y  N

Does your cat come into contact with other people's pets?  Y  N

Is there wildlife in your area, including deer, mice, squirrels, birds, opossums, raccoons, rats or skunks?  Y  N

Have you seen fleas on you or your cat recently?  Y  N

Have you seen ticks on you or your cat recently?  Y  N

Do you frequently see mosquitoes near where your cat goes outdoors?  Y  N

Has your cat been spayed or neutered?  Y  N

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

Other than visiting the clinic, does your cat ever leave your premises?  Y  N

Do you ever take your cat to a groomer or boarding facility?  Y  N

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

Does your cat have any known diseases?  Y  N

Is your cat on any medications?  Y  N

Has your cat ever become sick after a vaccination?  Y  N

## Part II: Recommended feline immunizations (to be completed by veterinarian)

- CaliciVax™
- Fel-O-Vax® PCT+CaliciVax™
- Fel-O-Vax® IV+CaliciVax™
- Fel-O-Vax® Lv-K IV+CaliciVax™
- Fel-O-Vax® Lv-K IV
- Fel-O-Vax® Lv-K III
- Fel-O-Vax® Lv-K
- Fel-O-Vax® Lv-K/FIV
- Fel-O-Vax® FIV
- Fel-O-Vax® IV

- Fel-O-Vax® PCT
- Fel-O-Guard™ Plus 4+Lv-K
- Fel-O-Guard™ Plus 4
- Fel-O-Guard™ Plus 3+Lv-K
- Fel-O-Guard™ Plus 3
- Rabvac™ I
- Rabvac™ 3
- Rabvac™ 3 TF
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Note: Combination immunizations are available to minimize number of injections.

\_\_\_\_\_  
Client signature and date

\_\_\_\_\_  
Veterinarian signature and date



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Fort Dodge Animal Health