

Animal Hospital of Kannapolis

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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.

Your dog's/cat/s name:					
How old is your pet?	< 2 yr.	2-7 yrs.	7-10 yrs.	>10 yrs.	Does your pet have a self feeder? <input type="checkbox"/> Yes <input type="checkbox"/> No
What food does your pet eat?					Are you giving Heartworm prevention to your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, have you missed more than one dose this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are children under 10 yrs. of age around your pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No				Do any of your pets go to a groomer, pet daycare, dog park, kennel, pet therapy or dog/cat shows? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you own a cat, has he/she been in a fight this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, how often?
Does your pet ever go outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No				Does your pet come into contact with neighborhood pets or their environment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet in a fenced in backyard or dog lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No				If you own a dog, do you ever take it hunting, camping or to coastal areas? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your pet have an opportunity to drink or swim from water outdoors? (lakes, ponds, rivers, or puddles)	<input type="checkbox"/> Yes <input type="checkbox"/> No				Has your pet had ticks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there ever standing water, run off or puddles?	<input type="checkbox"/> Yes <input type="checkbox"/> No				Are there ticks in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there wildlife in your pet's immediate area, including opossums, raccoons, foxes, or	<input type="checkbox"/> Yes <input type="checkbox"/> No				Do you foster stray animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you leave food out or feed other outside pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Veterinarian to complete the remainder of this form.

RECOMMENDED IMMUNIZATIONS FOR THIS PET

CANINE:

Distemper/Parvo
Bordetella
Rabies
Leptosporiosis

Temp	12	36

FELINE:

FVRCP
Rabies
FeLV

Temp	12	36

OTHER NEEDED SERVICES TO KEEP YOUR PET HEALTHY: ☐X-Rays ☐Heartworm Test

☐Microchip Identification ☐Basic Labwork (blood test) ☐Fecal Test ☐Urinalysis

☐FeLV/FIV Test ☐Twice a Year Exams by: _____ DVM

☐Recommended to Owner on: ____/____/____