

CANINE RISK ASSESSMENT FORM (Rev. 7/15)

Pet Name _____ Date _____

In order for us to provide the correct health care program for your dog, please answer the following questions. The information you provide will help us customize the appropriate vaccinations, parasite prevention program and appropriate screening tests.

1. Where does your dog spend its time? Indoors all the time--only goes out to urinate/defecate
 Indoor & outdoor
 Outdoors all the time

2. Do you take your dog: (please check **all** that apply)
 to field trials? traveling out of state/Canada?
 to obedience classes? camping or hiking?
 to a dog park (if yes, where _____)
 to a kennel/boarding facility? (if yes, where _____)
 to a groomer? (if yes, where _____)

3. What are you currently feeding your dog?
 Dry Brand _____ Amount: _____ c. per day free choice
 Canned Brand _____ Amount: _____ per day free choice
 Semi-moist Brand _____ Amount: _____ per day free choice
 Other _____

4. What do you think about your dog's weight?

 very thin a little underweight ideal a little overweight obese

5. Please check **all** that apply.
 Does your dog drink out of puddles, ponds or streams?
 Does your dog go swimming?
 Have you ever found a tick/flea on your dog?
 Do you live in or travel to an area with ticks?
 Does your dog catch/eat small rodents/rabbits?

6. Have you noticed **any** of the following: (please check **all** that apply)
 drinks more than usual bad breath, drooling, or reluctant to chew
 panting, heavy breathing or coughing lumps/bumps on your dog's body
 reluctant to run/play, has difficulty jumping, or climbing stairs
 vomiting (explain _____)

 diarrhea (explain _____)

7. Is your dog on monthly heartworm prevention? Y or N Do you give year round? Y or N

8. Is your dog on any supplements or medications (other than what we've prescribed)? Y or N
 If yes, list: _____

(OVER)

9. Do you have a current pet health insurance policy on your dog? Y or N

10. Would you like information about pet health insurance? Y or N

11. Any other concerns that you have, or any changes since last year? _____

In order to keep our records up to date, please list the pets that you currently own.

_____, _____, _____
_____, _____, _____
_____, _____, _____

Survey: (Please circle appropriate answers)

Were you aware that we offer:

Boarding

Grooming

Veterinary chiropractic adjustments (by Dr. Mark McCann)

6-Acre Fenced-in Dog Park (River Run Dog Park)

Standard Process Whole Food Supplements for Pets