



Town & Country Animal Hospital, PC

RISK ASSESSMENT FORM FOR PETS

Disease risks can vary by region and by animal. Answering these questions can help us develop a comprehensive wellness program to help protect your pet and your family.

Date: _____ Your Name: _____ Pet's Name: _____
Pet's birth date: _____ Is your pet spayed or neutered? Yes No

What food(s) does your pet eat?

Are there other pets in the household, including exotic pets? Yes No
If so, what kind/? _____

Does your pet have any medical problems we are unaware of?

When your pet goes outside, is it ever unsupervised? Yes No
Does your pet come into contact with other pets or their environments (parks, etc.)? Yes No
Is there wildlife in your area, including mice, squirrels, birds, opossums, raccoons, or skunks? Yes No
Does your pet hunt or eat rodents? Yes No
Does your pet come in contact with livestock (cows, sheep, etc.)? Yes No
Are there ticks in your area? Yes No
Are there mosquitoes in your area? Yes No
Do you travel to areas where ticks or mosquitoes may be present? Yes No

Does your pet have an opportunity to drink from outdoor ponds, puddles, or standing water? Yes No

Does your pet ever come in contact with children? Yes No
Does your pet sleep with your 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

Is your dog on monthly heartworm preventive? Yes No Year-round? Spring-to-Fall?
If Yes, have you ever missed a dose by more than two weeks? Yes No

Does your pet come in frequent contact with immune-compromised people? Yes No

Do you have any planned pet additions to your family in the next year? Yes No
If so, explain:

Does your pet exhibit any behaviors that concern you? Yes No
If so, explain

Do you perform any home dental care for your pet? Yes No

Any other comments: _____
