



# JONESVILLE ANIMAL HOSPITAL

## Lifestyle Risk Assessment Form

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Client's Name: \_\_\_\_\_

**Please fill in the following information about your pet's diet, medications, and preventatives:**

Brand of Food: \_\_\_\_\_ How much & how often: \_\_\_\_\_

Brand of Flea/Tick Prevention: \_\_\_\_\_ Date last given: \_\_\_\_\_

Brand of Heartworm Prevention: \_\_\_\_\_ Date last given: \_\_\_\_\_

Medications: \_\_\_\_\_

**Your answers to the questions below are key in helping us make vaccination recommendations that are tailored to your pet's lifestyle. Based on the information you provide, we can determine your pet's risk of exposure to less prevalent infectious diseases. Our goal is to keep your pet healthy, and only vaccinate for diseases that may pose a threat to your pet's well being.**

**For cats, check the appropriate box to assess risk of Feline Leukemia:**

**Is your cat:**

- Exclusively indoor
- Exclusively indoor, but exposed to cats that go outside
- Primarily indoor, but occasionally goes outside with supervision and stays close to home
- Indoor and outdoor
- Exclusively outdoor

**For dogs, check the appropriate box to assess risk of Kennel Cough and Canine Influenza:**

**Does your dog:**

- Stay at home and in your yard
- Go to the dog park, daycare, groomer, boarding facility, common areas at apartment complexes or neighborhoods
- Attend dog shows or competitions

**For dogs, check the appropriate box to assess risk of Leptospirosis:**

**Is your dog:**

Exposed to wildlife, standing water, moist soil (e.g. areas of poor drainage after rain), water troughs, or bird baths?  YES  NO

**For dogs, check the appropriate box to assess risk of Lyme disease:**

**Does your dog:**

Travel to the Northeast or other Lyme epidemic areas?  YES  NO