

Please take a minute to update your personal information for our records: Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How would you like us to send you reminders? (Please circle one)

E-Mail: \_\_\_\_\_ Postcard \_\_\_\_\_ Both \_\_\_\_\_

### **Candlewood Animal Hospital Canine Risk Assessment Form**

Please answer the following questions to help us determine an appropriate vaccination protocol and parasite control for your dog.

1. Do you take your dog hunting? Y N Hiking? Y N Swimming? Y N
2. Do you have any standing bodies of water on your property (i.e. ponds) to which your dog has access? Y N
3. Does your dog go to the kennel or to the groomer's frequently? Y N  
If yes, how frequently? \_\_\_\_\_
4. Do you have wildlife coming into areas where your dog spends his/her time? Y N
5. Do you take your dog to dog shows? Y N
6. Does your dog go outside on a leash to urinate/defecate and then spend the majority of his/her time inside? Y N
7. Do you have any questions or concerns about a particular vaccination for your dog? Y N  
If yes, which one(s)? \_\_\_\_\_
8. Is your dog on the following preventatives year round? Heartworm Y N Flea/tick Y N
9. Is your dog on any medications and/or supplements ? Y N If yes, please list \_\_\_\_\_  
\_\_\_\_\_
10. What kind of food are you currently using? \_\_\_\_\_
11. Do you have any concerns regarding your dog that you'd like to discuss today? \_\_\_\_\_  
\_\_\_\_\_

**THANK YOU!**