



CANINE PATIENT ASSESSMENT AND RISK FACTORS

CLIENT NAME: _____

Welcome to our practice! Please take a few minutes to fill out this assessment so that we can get a bit more information about your dog and make the best recommendations possible for his or her lifestyle and activities.

Please circle all that apply to your dog's lifestyle:

Only pet multi-pet grooming boarding doggy day care dog shows
Travels out of state goes hunting visits ranch/farm

Heartworm prevention product currently used: _____

Flea and/or tick control product currently used: _____

Strict monthly use _____ or, I accidentally skip the occasional dose _____

Texas law requires all dogs and cats receive a rabies vaccination every 1 or 3 years depending on the county of residence and type of vaccination used.

Additional vaccinations may be given after the veterinarian assesses your pet's risk of exposure to other diseases. Basic (core) vaccinations include **Rabies, DHLPP, and Bordetella**. Depending on risk factors **Canine Influenza, Rattlesnake and Lyme** vaccines may be recommended.

We follow the American Heartworm Society's recommendations on **annual heartworm testing**. This is necessary to ensure that the medications are working effectively and to keep the product's manufacturers guarantee up to date. I would like to have my dog tested today (if due). _____ Accept _____ Decline

We recommend **annual fecal parasite screening**. Some internal parasites are contagious not only to other pets but also to humans. I would like to have my dog tested today (if due).
_____ Accept _____ Decline

I have read through the above information and would like to proceed with the needed treatments based on the information provided from my veterinarian. I understand that I will not be charged for any treatments not needed or provided to my pet.

Signature: _____ Date: _____