



Canine Vaccination Risk Assessment Form

Owner's Name: _____ Email: _____

Pet's Name: _____ Spayed/Neutered: Yes No DOB/Age: _____

Help us determine which vaccines are right for your dog. Please answer the following questions about your dog's lifestyle.

How many pets currently live in your home? _____

Check all the places that your pet goes:

___ on walks ___ boarding facility ___ dog parks ___ pet stores ___ dog shows

My dog is boarded or goes to the groomer (check one):

___ never ___ Less than 4 times a year ___ More than 4 times a year

My dog goes camping, hiking and /or hunting (check one)

___ Never ___ in Indiana only. ___ In the following states: _____

I remove ticks from my dog (check one): Never Sometimes Often

There is a possibility that raccoons, rodents or opossums have access to my yard (circle one) Yes No

My dog drinks from lakes, ponds, streams or other water sources while in the yard or on walk: : Yes No

My dog has had an adverse reaction to vaccines in the past: Yes No

My dog has a microchip: Yes No

What food are you currently feeding your dog? _____

Do you give your dog treats or table scraps? Yes No

Is your dog currently on MONTHLY heartworm and flea/tick prevention? If yes, what kind? _____

Has your dog missed a dose of monthly heartworm and flea/tick prevention? Yes No

Is your dog currently taking any medications that were not prescribed by this hospital? If yes, please list:

I understand that specific vaccine protocols have been tailored for my dog's current lifestyle and to reduce the risk of adverse events that may be associated with vaccinations. I understand that any vaccine has the potential (albeit a low risk) of causing vaccine reactions. Reactions can be as mild as swelling at the injection site and can be as severe as an anaphylactic reaction that include facial swelling and fever. I will notify Hometown Animal Hospital of any adverse reactions to these vaccinations and any changes to my dog's lifestyle. I understand that vaccinating my dog with the recommended vaccinations does substantially reduce but may not completely eliminate his/her chances of contracting the disease. I have discussed the above protocol and have asked any questions that I am concerned about. All questions have been answered to my satisfaction.

Signature of Client

Date

