



Canine Vaccination Risk Assessment Form

Owners Name: _____ Pets Name: _____

Breed: _____ Sex: _____ Color: _____

D.O.B / Age: _____ Spayed or Neutered? Yes or No (Circle One)

Help us learn more about your dog by checking all the following that apply:

_____ Check all the places your dog goes:

_____ dog shows _____ on walks _____ boarding facilities

_____ dog parks _____ pet stores _____ grooming salons

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

_____ never _____ less than 4x/yr _____ greater than 4x/yr

_____ My dog goes camping/hiking/hunting (check one):

_____ Never _____ In Indiana only _____ In the following states: _____

_____ I remove ticks from my dog in the summer.

_____ There are raccoons, rodents or opossum around our house.

_____ My dog drinks from puddles, ponds, streams or other water sources.

_____ My dog participates in 4-H.

_____ My dog never leaves my house for ANY reason except to use our own yard to go potty under direct supervision. **(NOTE: Do not check this question if you checked any of the previous questions!)**

_____ My dog has had an adverse reaction to vaccines in the past. When?: _____

_____ My dog has a Microchip. If yes, what is the number: _____

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 will notify Woodland 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

For future visits: I agree that my pets' lifestyle has not changed from above. I agree to continue the protocol as previously agreed.

Signature of Client

Date

Signature of Client

Date

Office Use Only: Client ID: _____ VRA: _____
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