



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's risks to certain diseases 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 is the possibility that raccoons, rodents or opossum have access to my yard at some time.

_____ My dog drinks from puddles, ponds, streams or other water sources while in the yard or on walks.

_____ My dog participates in 4-H.

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

_____ My dog has had to have teeth extracted before (or teeth have fallen out due to decay).

_____ 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 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 anaphylactic reactions that include facial swelling and fever. 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: _____

Bordetella Lyme Lepto Porphyromonas Microchip