

Deep Creek Veterinary Hospital  
Disease-Risk Assessment Form

In order to better protect your pet, please take a few minutes to fill out this survey. Disease risk varies by region and by pet. Answering these questions will help us develop an immunization and wellness program to protect your pet.

Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

When your pet unsupervised when outdoors? \_\_\_\_\_

Does your pet come in contact with other pets or their environments? (Dog parks, walks, boarding/grooming, play time with other pets). \_\_\_\_\_

Is there wildlife in your area? (mice, squirrels, birds, opossums, raccoons, foxes or skunks) \_\_\_\_\_

Are there ticks in your area? \_\_\_\_\_ Has your pet ever had a tick? \_\_\_\_\_

Do you travel with your pet to areas where ticks/mosquitoes may be present? \_\_\_\_\_

Does your pet sleep with you or your children? \_\_\_\_\_

Do you take your pet to a groomer, boarding or training facility? \_\_\_\_\_

If you are a dog owner, do you take your pet hunting? \_\_\_\_\_

Is your pet drinking more or excessive amounts of water? \_\_\_\_\_

Have you noticed your pet is slower? \_\_\_\_\_ Is your pet more lethargic? \_\_\_\_\_

Does your pet have a difficult time getting up or down? \_\_\_\_\_

Does your pet have any changes in hair coat or skin? (dry, itching, hair loss) \_\_\_\_\_

Are you concerned about your pet's weight? \_\_\_\_\_ Has your pet gained weight lately? \_\_\_\_\_

Does your pet have bad breath? \_\_\_\_\_ Have you noticed any changes in eating habits? \_\_\_\_\_  
If yes, please explain.

\_\_\_\_\_

Is your pet on monthly heartworm prevention? \_\_\_\_\_ If yes, what brand? \_\_\_\_\_

Has your pet ever missed a heartworm prevention dose for more than 2 weeks? \_\_\_\_\_

Is your pet on flea preventative? \_\_\_\_\_ If so, what brand? \_\_\_\_\_

Is your pet spayed/neutered? \_\_\_\_\_