

WHITESBURG ANIMAL HOSPITAL, PC - PATIENT RISK MANAGEMENT ASSESSMENT FORM

**Does Your Pet Have Contact With:**

- Young Children
- Elderly People
- Immune Compromised Individuals
- Other People's Pets

**Does Your Pet:**

- Go to a Grooming Facility
- Go to a Boarding Facility
- Go to Dog Shows
- Go to Dog Parks
- Travel with You

**How Much Time Does Your**

**Pet Spend Outdoors:**

- < 1 Hour/Day
- 1-4 Hours/Day
- > 4 Hours/Day

**Number of Household Pets That Go Outdoors:**

- Dogs: \_\_\_\_\_  Y \_\_\_\_\_  N  
Cats: \_\_\_\_\_  Y \_\_\_\_\_  N  
Other: \_\_\_\_\_  Y \_\_\_\_\_  N

**Number of Household Pets Currently Vaccinated:**

- Dogs: \_\_\_\_\_  Y \_\_\_\_\_  N  
Cats: \_\_\_\_\_  Y \_\_\_\_\_  N  
Other: \_\_\_\_\_  Y \_\_\_\_\_  N

**Wildlife Present in Your Area:**

- Deer
- Squirrel
- Birds
- Opossums
- Rats
- Raccoons
- Skunks
- Other \_\_\_\_\_

**Does Your Pet Drink From:**

- Rivers
- Puddles
- Ponds
- Other Outdoor Water Supply

**Do You Take Your Pet Hunting:**

- Y or  N

**How Would You Rate Your Pet's Activity Level:**

- Low  Moderate  High

**Has Your Pet Had A Reaction To:**

- Vaccinations
- Medications

**Current Heartworm Prevention:**

- Trifexis
- Heartgard
- Interceptor
- Sentinel
- Other \_\_\_\_\_
- None

**Have You Ever Missed a Dose of Heartworm Prevention by More Than Two Weeks:**

- Y or  N

**Current Flea/Tick Prevention:**

- Parastar
- Bravecto
- Comfortis
- Trifexis
- Revolution
- Sentinel
- Preventic
- Frontline
- Other \_\_\_\_\_
- None

**Have You Seen Fleas or Ticks Recently:**

- Y or  N

**How Often Does Your Pet's Diet Vary:**

- Feed Same Food Consistently
- With Every Purchase
- Seldom

**Do You Feed Your Pet:**

- A Specific, Measured Amount
- Table Scraps
- Treats

**Have You Noticed:**

- Difficulty Eating
- Appetite Increase
- Appetite Decrease
- Weight Increase
- Weight Decrease
- Thirst Increase
- Thirst Decrease
- Changes in Urination
- Changes in Bowel Movements
- "Accidents" Indoors
- Vomiting
- Bad Breath or Red Gums
- Changes in Coat or Skin
- New Growths or Changes in Existing Growths
- Coughing or Prolonged Panting
- Signs of Vision Loss
- Signs of Hearing Loss
- Confusion
- Failure to Recognize Familiar People or Pets
- Pacing or Restlessness
- Seeks Less Attention
- Change in Sleep Pattern
- Muscle Tremors or Shaking
- Weak or Uncoordinated Movements
- Hesitation to Jump onto Furniture or into Car
- Difficulty Climbing Stairs
- Difficulty or Stiffness When Rising