

# WHITESBURG ANIMAL HOSPITAL, PC & THE LODGE AT WHITESBURG

*Uniting the Art of Caring with the Science of Medicine*

## 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: \_\_\_\_\_ In \_\_\_\_\_ Out  
Cats: \_\_\_\_\_ In \_\_\_\_\_ Out  
Other: \_\_\_\_\_ In \_\_\_\_\_ Out

### Number of Household Pets Currently Vaccinated:

Dogs: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Cats: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Other: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Wildlife Present in Your Area:

- Deer       Squirrel  
 Birds       Opossums  
 Rats       Raccoons  
 Skunks       Other

### Does Your Pet Drink From:

- Rivers       Puddles  
 Ponds       Other

### Do You Take Your Pet

#### Hunting:

- Yes or  No

### 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       Interceptor  
 Other       None

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

- Yes or  No

### Current Flea/Tick Prevention:

- Simparica     Bravecto  
 Trifexis       Revolution  
 Other       None

### Have You Seen Fleas or Ticks Recently:

- Yes or  No

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

- Feed Same Food Consistently  
 Seldom  
 With Every Purchase

### Do You Feed Your Pet:

- A 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



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