

### Canine Risk Assessment

<b>Name:</b>		<b>Pet's Name:</b>	
<b>Address:</b>			
<b>Phone:</b>	(H)                      (C)                      (W)		
<b>Email:</b>			

#### Recent History & Risk Factor Evaluation

Since your last visit, some aspects of your dog's lifestyle might have changed. We'll use this information to help evaluate your dog's health and individualize the care your dog receives, including vaccinations and examinations. Please indicate by circling which items below describe your dog's lifestyle.

<b>My Dog:</b>			
1. Is taken for walks or goes to dog parks or parks for exercise and play :		Yes	No
2. Goes to a groomer or pet stores with me:		Yes	No
3. Lives in a wooded area:		Yes	No
4. Is taken to the country or a farm, goes camping or is used for hunting:		Yes	No
5. Goes to outdoor events or participates in competitions like dog shows:		Yes	No
6. Is sometimes visited by or visits other dogs:		Yes	No
7. Is or will be attending an obedience or training classes:		Yes	No
8. Stays in a boarding kennel while we are on vacation:		Yes	No
9. Lives with or frequently visits immunocompromised person(s)		Yes	No
10. Please indicate if <animal> is on Flea/Tick Preventative: <input type="checkbox"/> Frontline <input type="checkbox"/> Comfortis <input type="checkbox"/> Other: _____			
11. Please indicate if <animal> is on Heartworm Preventative: <input type="checkbox"/> Heartgard <input type="checkbox"/> Interceptor <input type="checkbox"/> Other: _____ Dose Missed? Y / N			
Do you need a refill for any of the above medications today?		Yes	No
12. Has a Microchip:		Yes	No
<b>Please answer the following questions about your dog's recent behavior.</b>			
Current brand of diet: _____ Appetite is:	Normal	Decreased	Increased
Weight:	Stable	Loss	Gain
Water consumption:	Normal	Decreased	Increased
Bowel movements:	Normal	Constipated	Diarrhea
Urination:	Normal	Decreased	Increased
Bad Breath:		Yes	No
Vomiting:		Yes	No
Coughing or gagging:		Yes	No
Car Sick:		Yes	No
Scotting Currently:		Yes	No
Any listlessness or weakness:		Yes	No
Shaking head:		Yes	No
Hair loss:	Patchy	Generalized	No
New lumps or bumps:		Yes	No
Unusual discharge:                      Eyes   Ears   Nose   Other:		Yes	No
Lameness:		Yes	No
Difficulty rising:		Yes	No
Reluctant to jump:		Yes	No
Any behavioral changes:		Yes	No

Thanks for taking the time to provide us with this updated information on <animal>. We'll be with you shortly.



## Patient Chart

Printed <date> at <time>

### CLIENT INFORMATION      Added <added>

**Name** <title> <first-name> <last-name> (<number>)      **Spouse** <spouse>  
**Address** <address>  
<city>, <st> <zip>  
**Home#** (<area>) <phone>      **Work#** (<area>) <business>      **Cell#** <cell-phone>  
**E-Mail** <e-mail>      **Referred by** <referred-by>      **Balance** <balance>

### PATIENT INFORMATION

**Name** <animal> (#<patient-record-id>)      **Species** <species>      **Breed** <breed>  
**Sex** <sex>      **Birthday** <birthday>      **Age** <age-name>  
**Color** <color>      **Microchip** <id>  
**Rabies** <rabies>      **Weight** <weight>      **BCS** <soap-bcs>of <soap-bcs-high>  
<measure>

<[Patient Health Plan-History-Description]> Expires: <[Patient Health Plan-Expiration Date]>

### ALERT

<animal-alert>

### ALLERGIES

<allergy>

### APPOINTMENT NOTES <appt-date> at <appt-time>

<appt-notes>

### DIAGNOSES

<dx-descriptions>

### REMINDERS FOR <animal>

Due Date \_\_\_\_\_ Reminder \_\_\_\_\_

<reminders>

### VACCINE HISTORY FOR <animal>

<vaccs>

### ALL PETS IN HOUSEHOLD

<animals>

