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## Canine Risk Factors

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Pet's Name: \_\_\_\_\_

Approximately how much time does your spend outdoors? \_\_\_\_\_

Do you have any other pets? If so, how many of each? Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Does your dog socialize with other dogs?

(Neighbors, relatives, etc.)

Yes [ ] No [ ]

Are those dogs up-to-date on their vaccines?

Yes [ ] No [ ]

Do you take you dog to parks or other places

That other dogs visit frequently?

Yes [ ] No [ ]

Does your dog go to a groomer?

Yes [ ] No [ ]

Is your dog ever boarded?

Yes [ ] No [ ]

Does your dog attend doggie day care?

Yes [ ] No [ ]

Does your dog attend agility or obedience classes?

Yes [ ] No [ ]

Does your dog travel with you to other states?

Yes [ ] No [ ]

Is your dog on a farm or does he/she visit a farm?

Yes [ ] No [ ]

Does your pet go hunting or on field trails?

Yes [ ] No [ ]

Thank you for helping us in establishing the correct preventative health care protocol for your dog.