

HEALTH RISK ASSESSMENT QUESTIONNAIRE

Please review and answer the following questions to help us individualize your pet's healthcare recommendations:

- How many pets and what kind are in your household? Dog/Cat/Bird/Other
- How old was your pet when you got him/her?
- If pure breed or mixed-breed, what type is your pet?
- Where did you get your pet from? Breeder/Pet Store/Shelter/Other
- How long have you had him/her?
- Is your pet spayed/neutered?
If yes, at what age?
- Where does your pet live mostly? Indoors/Outdoors
- If mostly outdoors, approximately how many hours a day?
- Where does your pet sleep at night? Your bed/Dog bed/outside/other
- Circle all the places that your pet does go:
Indoor only Backyard Porch,Patio,Deck Obedience,Training or Agility Classes
Pet Stores Dog Parks Hiking,Hunting,Camping,Fishing,Forest Preserves
Communal areas adjacent to a subdivision,apartment,condo,etc
Groomer Show Ring Bathing Facility Neighborhood
- Do you observe wild animals or other wildlife in your neighborhood?(If so, circle all that apply)
Feral cats Squirrels Small Rodents Raccoons Opossum Rabbits Deer
(Wild Fowl): Geese Ducks Pigeons Seagulls Wild Canids Coyotes/Foxes Bats Other
- Which of the following is true? Please circle all that apply:
Other pets visit our home/yard My pet visits other homes with pets We foster dogs
We feed our pets outside We feed wild animals/feral cats
We have previously seen parasites on our pets
- Which states/countries has your pet lived in other than New York?
- Does your pet travel with you outside of Long Island? yes/no
If yes, where and how often?
- Does your pet travel with you in a car/plane/train/boat? Circle all that apply
- Do you employ anyone to look after your pet? (Dog Walker/Daycare/Boarding)
- If your pet does go to a boarding kennel or groomer, where and how often?

- Does your pet get regular exercise? yes/no
If so, what type, frequency and where? Circle all that apply:
Walking Running Agility Swimming
- What Brand/Type of food do you feed your pet? (Please circle all that apply):
Dry Canned Home-Cooked Raw Freeze Dried Refrigerated Frozen
- If you are feeding Home-cooked or Raw, do you know if it is nutrient complete & balanced?
- How often do you feed and how much?
- Does your pet have any food or other allergies/sensitivities?
- Does your pet get treats? What kind and how many per day?
- Please list any and all vitamins/supplements your pet gets?
- Has your pet ever been diagnosed or treated for any disease condition?
- Please list any and all medications your pet receives on a regular basis?
- Has your pet ever had an adverse reaction to any medications or supplements? yes/no
If so, to what and give details?
- Do you use dental care products? yes/no
If so, which ones do you use?
- Do you use Heartworm Preventative Products? yes/no
If so, which one do you use?
- Do you use flea/tick control products? yes/no
If so, which do you use?
- Has your pet ever had an adverse reaction to any Heartworm, Flea or Tick products?
If so, which one(s) and describe reaction?
- Do you know if any, what vaccines your pet has received?
- Has your pet ever had an adverse reaction to vaccines? yes/no
If so, to which vaccine(s) and describe what happened?
- Do you have pet health insurance? yes/no
If so, which one?
- Do you have concerns about your pet's weight? yes/no
- Do you have any questions or concerns about your pet's overall health? yes/no
- Are there any immunocompromised children or adults living in the home? yes/no

