

Please help us deliver the best health care possible for your pet by answering these risk assessment questions.

1. What food does your pet eat? Circle One. **Dry Canned Both**
What brand? _____
2. How many pets do you have total? Dogs_____ Cats_____ Other_____
3. Does your go to the groomer? Circle One. **Yes No**
4. Is your pet inside or outside? Circle One. **Inside Outside**
5. When your pet goes outside, is it in a **fence**, on **leash** or **free roam**? Circle One.
6. Is your pet on flea and tick prevention? Circle One. **Yes No**
If so, what product? _____How Often? _____
7. Which heartworm prevention do you give <animal>? _____
What date did you give his/her last dose? _____
How many doses has he/she had in the past 12 months? _____
8. Does he/she take any medications? Please list.
 - a. Permanent Medications:_____ How Often? _____
 - b. Occasional Medications: _____
 - c. Vitamins and/or Supplements: _____
9. Does he/she have any allergies? Circle One. **Yes No**
10. Is your pet micro chipped? Circle One. **Yes No** (Your pet must be registered with the company in order for you to be notified if your pet has been located.)
11. Do you brush your pet's teeth? Circle One. **Yes No** How often? _____
 - a. Any other oral home care? _____
12. What insurance does he/she have? _____
13. Is your pet spayed or neutered? Circle One. **Yes No**
14. What is your pet's favorite activity?