



5092 Velasko Road, Syracuse, NY 13215

Tel: (315) 478-3161

www.stackvethospital.com

stackteam@stackvethospital.com

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.