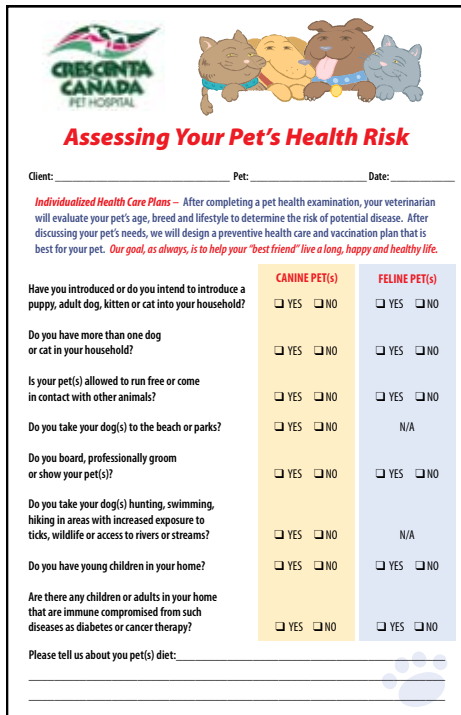


# Pet Health Risk Assessment Form

## (Customized For Your Practice)



**Assessing Your Pet's Health Risk**

Client: \_\_\_\_\_ Pet: \_\_\_\_\_ Date: \_\_\_\_\_

*Individualized Health Care Plans* – After completing a pet health examination, your veterinarian will evaluate your pet's age, breed and lifestyle to determine the risk of potential disease. After discussing your pet's needs, we will design a preventive health care and vaccination plan that is best for your pet. *Our goal, as always, is to help your "best friend" live a long, happy and healthy life.*

	CANINE PET(S)	FELINE PET(S)
Have you introduced or do you intend to introduce a puppy, adult dog, kitten or cat into your household?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have more than one dog or cat in your household?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your pet(s) allowed to run free or come in contact with other animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you take your dog(s) to the beach or parks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Do you board, professionally groom or show your pet(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you take your dog(s) hunting, swimming, hiking in areas with increased exposure to ticks, wildlife or access to rivers or streams?	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Do you have young children in your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any children or adults in your home that are immune compromised from such diseases as diabetes or cancer therapy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please tell us about you pet(s) diet: \_\_\_\_\_

This form is customized for your practice. It includes key assessment questions that will allow you to individualize a pet health care program for your client's pet. You can edit any questions to meet your practice requirements.



**– PLEASE NOTE –  
LAYOUT SAMPLE PROOF**

Experience the power of customized professional communications. You will be sent a layout sample proof for your review. *This report card is customized for YOU – which means you can include your logo, change any elements, photos and text copy to meet your practice requirements.* Just tell us what you like and we will make it happen.

3707 Fifth Ave. #159  
 San Diego, CA 92103  
 ph. 800-803-8832  
 fax 888-302-8832

## Pet Health Risk Assessment Form

fax to 888-302-8832

### A Select Quantity & Paper Stock

Size 5.5" x 8.5" - 10pt card stock  
 2000 - \$349 + \$129 setup fee  
 4000 - \$595 + \$129 setup fee

Size 8.5" x 11" - 100 lb text paper stock  
 1000 - \$295 + \$129 setup fee  
 2000 - \$395 + \$129 setup fee  
 4000 - \$595 + \$129 setup fee

### B Include AAHA logo in brochure

YES  NO

### C Comments / Special Requests:

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## Practice Information

Practice Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Circle Credit Card Type: VISA MASTERCARD AMX DISCOV

C.C. #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_