



Please print this form, fill it out, and bring it to the hospital on the day of your appointment.

Please take a moment to fill out this questionnaire so that we may better assess your dog's risk factors. This information will help determine which combination of vaccines your dog will receive today and in the future.

Your Name: _____

Your Pet's Name: _____

What percentage of time does your dog spend outdoors? _____

Do you have any other pets? If yes, how many of each species? Yes ___ No ___
Dogs ___ # Cats ___

Does your dog socialize with other dogs (i.e. neighbor, relative)? No ___ Yes ___ How often? _____
Are these dogs up to date on vaccines? Yes ___ No ___ Unknown ___

Do you take your pet to dog parks, or state parks where other dogs visit? Yes ___ No ___
If yes, how often? _____

Do you take you dog to the groomer? No ___ Yes ___ How often? _____
How long is your pet there? _____

Is your dog boarded? No ___ Yes ___ How Often? _____

Does your dog attend doggie day care? No ___ Yes ___ How Often? _____

Does your pet attend obedience or agility class? No ___ Yes ___

Does your dog travel with you to other states/locations? No ___ Yes ___ Where? _____

Thank you for helping us in establishing the correct vaccination protocol for your dog.

The Doctors of Randolph Animal Hospital.