



INTERMOUNTAIN PET HOSPITAL

800 W. Overland Road • Suite 1 • Meridian, ID 83642 208.888.2910
www.intermountainvet.com petvet@intermountainvet.com

CANINE RISK FACTORS

Date: _____

Your Name: _____

Your Pet's
Name: _____

Approximately how much time
does your pet spend outdoors? _____

Do you have any other pets If so, how many of each? Dogs _____ Cats _____

Does your dog socialize with other dogs?
(Neighbor, relative, etc.) Yes [] No []

Are those dogs up-to-date on their
vaccines? Yes [] No []

Do you take your 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.

The Doctors of Intermountain Pet Hospital