

Village Square Veterinary Clinic
Feline Vaccination Risk Assessment

Date: _____

Owner's Name: _____ Patient: _____

The Village Square Veterinary Clinic uses this Risk Assessment to determine which vaccinations your pet should receive. It is not our belief that every animal needs to receive vaccinations for every disease if their lifestyle does not put them at risk for those diseases. Please answer every question to help us provide the best possible protection for your pet. Should you have any questions, please do not hesitate to ask.

Does your cat:

- | | | |
|--|---|---|
| 1. Have unsupervised time outside? | Y | N |
| 2. Board? | Y | N |
| 3. Have access to a ground floor screened porch/patio? | Y | N |
| 4. Visit other cats either at your home or someone else's? | Y | N |
| 5. Participate in activities where they come in contact with other animals? (i.e. showing or breeding) | Y | N |
| 6. Have a history of any serious illness?
If yes, what? _____ | Y | N |
| 7. Have a history of any kind of reaction to vaccines?
If so, what kind? _____ | Y | N |
| 8. Have access to food/water outside where other animals do too? | Y | N |
| 9. Do you have contact with other animals with or without your pet? | Y | N |
| 10. Do you travel with your cat? | Y | N |
| 11. Do you feed the same brand of food consistently?

Which brand? _____ | Y | N |

This Risk Assessment will provide us with the most complete information to personalize a vaccination protocol for your pet. Should you pet's lifestyle or risk of exposure change at any time, please contact our office so we can determine if additional protection is recommended.

_____ I accept the recommendations for vaccination that Village Square Veterinary Clinic deems best for my pet.

_____ I decline the vaccinations that Village Square Veterinary Clinic recommends except for _____

Signed: _____ Printed: _____