Feline Vaccination Risk Assessment Form

Owner's Name: _____ **Pet's Name**: _____
Client Number: _____ **Breed**: _____ **Sex**: _____
Color: _____ **D.O.B / Age**: _____

Help us learn more about your cat by checking all the following that apply:

_____ My cat lives totally indoors and never goes outside of my home, not even on an enclosed porch (except to come to the veterinarian's office).
_____ My cat is indoors only except for when it sits on a screened-in porch or sits in our yard under our direct supervision.
_____ My cat gets outside without direct human supervision and is therefore possibly exposed to other cats in the neighborhood.
_____ My cat has been treated for a cat bite wound in the past.
_____ My cat has tested positive for one of the following diseases (check all that apply):
____ Feline Leukemia ____ Feline AIDS ____ Heartworm Disease
_____ My cat came from a pet store, humane society. rescue organization or was a stray in the last year.
_____ My cat goes to a groomer or a boards in a kennel at least one time per year.
_____ I occasionally take stray cats into my home.
_____ My cat has had adverse reactions to vaccinations in the past. When?: _____
_____ My cat does have a Microchip. If yes, what is the number:
_____

I understand that specific vaccine protocols have been tailored for my cat's current lifestyle and to reduce the risk of adverse events that may be associated with vaccinations. I understand that any vaccine has the potential (albeit a low risk) of causing vaccine reactions. Reactions can be as mild as swelling at the injection site and can be as severe as anaphylactic reactions that include facial swelling and fever. I will notify Fall Creek Place Animal Clinic of any adverse reactions to these vaccinations and any changes to my cat's lifestyle. I understand that vaccinating my cat with the recommended vaccinations does substantially reduce but may not completely eliminate his/her chances of contracting the disease. I have discussed the above protocol and have asked any questions that I am concerned about. All questions have been answered to my satisfaction.

Signature of Client_____ Date_____

For future visits: I agree that my pets' lifestyle has not changed from the above list. I agree to continue the protocol as agreed before.

_____ _____
Signature of Client Date

_____ _____
Signature of Client Date