

# Dear Clients of Ambassador Animal Hospital:

To help us make the proper recommendation to you concerning your pet's health care needs and vaccination recommendations please complete the following questionnaire.

Your Name: \_\_\_\_\_ Your pet's name: \_\_\_\_\_

Please fill out the form below, print it and bring with you to your appointment.

1. I own the following number of pets: \_\_\_\_\_ dogs \_\_\_\_\_ cats
2. My pet (cat or dog) lives: **inside 100%** **mostly inside** **mostly outside**
3. My indoor pet (cat or dog): **never goes outside** **goes outside occasionally**
4. My pet and I live in: **urban dwelling** **subdivision** **countryside**  
**apartment or condominium complex**
5. My pet (cat or dog) **does** or **does not** have access to common ground area such as that adjacent to a subdivision, an apartment or condominium
6. My pet **does** **does not** come in contact with wildlife (possums, raccoons, deer etc) or livestock
7. I **do** **do not** take my pet (dog) on hiking, camping or hunting trips
8. I **do** **do not** travel with my pet in car or plane
9. I **do** **do not** travel to the Northeastern or Midwestern United States with my pet
10. I take my pet to (check all that apply) **boarding,** **grooming,** **training centers,**  
**dog parks**
11. I **do** **do not** show my pet in conformation, obedience, agility, hunting competitions.
12. I **am** **am not** considering an acquisition of a new animal.

If yes, please explain: \_\_\_\_\_

13. I **do** **do not** have concerns about contagious disease in neighbor's pets
14. I **do** **do not** have young children in the household

Date: \_\_\_\_\_ Your signature: \_\_\_\_\_

We will consider this information along with your pets existing medical history in determining our recommendation regarding your pet's vaccination program.

Thank you for your time,

**Ambassador Animal Hospital**