



Feline Vaccine Risk Assessment Form

Client Name: <first-name> <last-name>

Client Number: <number>

Patient Name: <animal>

Birth Date/Age: <birthday> / <age-name> Sex: <sex-name>

Breed: <breed> Color: <color>

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 boards in a kennel at least one time per year.
- I occasionally take stray cats into my home.
- My cat has had an adverse reaction to vaccines in the past.
When? _____ Explain: _____
- My cat does have a Microchip. Microchip 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 City Way Animal Clinics Incorporated 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

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

Date

Signature _____

Date _____