



PET ASSESSMENT FORM

Medication Name:

Completed By: _____ Date: _____

Pet Assessment:

Pet Parent Information:

Last Name: _____ First Name: _____

Pet Information:

Name: _____ Birthday: _____

Sex: _____ Weight: _____ Breed: _____

Breeds color: _____ Markings: _____

Pet History: When did the Pet Parent get the pet? _____

Where did the Pet Parent get the pet? (Adopted from animal shelter, purchased from breeder, pet store, etc.) _____

Has the pet been diagnosed with any medical condition, such as heart condition, thyroid disease, etc? Yes No

If so, what condition(s)? _____

Does the pet have any allergies? Yes No

If yes, please list them: _____

Does the pet have any physical limitations (arthritis, missing limb, blind, deaf, etc.)?

Describe: _____

Has your pet ever suffered from seizures? Yes No

If yes, please describe the frequency, severity, cause for occurrence, behaviors to look for:

Please turn over...





Pet Personality: What is the pet's behavior when meeting another pet?

What is the pet's behavior when meeting a stranger (in his/her home and outside the home)?

How does the pet behave when interacting or playing with other pets?

How does the pet behave when interacting or playing with a person and/or toys?

Pet Experience: Has your pet ever bitten a person? _____

Describe circumstance: _____

Has your pet ever bitten another pet or animal? _____

Describe circumstance: _____

Has your pet ever been bitten or attacked by another pet or animal? _____

Describe circumstance: _____

Does the pet have any phobias (thunder, loud noises, vacuum cleaner, etc.)? _____

Is there anything that your pet does not like, e.g. types of pets, people (male/female), people wearing glasses, uniforms, activities, etc? _____

Do you use a regular flea or tick preventative on your pet? _____

YES or NO: The section below is dog specific:

Has your dog ever: _____

Attended any dog "Day Care" or "Day Camp"? _____

Played with other dogs? _____

Played in a dog park? _____

Boarded? _____

Attended a professional pet training course? _____

Please turn over...





If yes, please describe classes: _____

Does your dog jump fences? _____

Is your dog kennel or crate trained? _____

Has your dog ever suffered from Canine Bloat? _____

Does your pet eat from a raised feeder? _____

Does your dog have experience sharing toys? _____

FOR INTERNAL USE ONLY:

Approved for group play? _____

Not Approved, Why? _____

Probation Comments: _____

