



For Internal Use Only:

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?

If so, what condition(s)?

Does the pet have any allergies? Yes No

If so, please list:

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, etc.

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 EXPERIENCES

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.)?

Explain: _____

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

Explain: _____

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

Describe: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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?

If so, describe class(es): _____

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?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

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<input type="checkbox"/>	APPROVED FOR GROUP PLAY
<input type="checkbox"/>	NOT APPROVED: Why?
<input type="checkbox"/>	PROBATION

COMMENTS
