



For Internal Use Only

Complete By:

Date:

## PET ASSESSMENT

PET PARENT INFORMATION	
Last Name:	First Name:
Vet Clinic Name:	Vet Clinic Phone #
Pet Name:	

PET MEDICAL HISTORY	YES	NO	If yes, please describe
<b>Has the pet been diagnosed with any medical condition, such as:</b>			
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures (Please describe frequency, severity, cause of occurrence, behaviors to look for, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Limitations (arthritis, missing limb, blind, deaf, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Bloat	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Other: (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Do you use a regular flea/tick preventative on your pet?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pet History</b>	<b>YES</b>	<b>NO</b>	<b>If yes, please describe</b>
Has your pet ever bitten a person, pet, or animal?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet ever been bitten or attacked by another pet?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any specific behaviors or requirements we need to be aware of? (i.e. eats from a raised feeder, must use a harness)	<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet ever been boarded before?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your dog ever played with dogs at a Dog Park or Doggie Day Camp? (Dog Only)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet protect his/her food or toys? (Dog Only)	<input type="checkbox"/>	<input type="checkbox"/>	

PET EXPERIENCES	Calm	Happy/ Excited	Timid/ Shy	Fearful	Aggressive
<b>What is the pet's behavior when...</b>					
Meeting another pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting a stranger (in his/her home and outside the home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How does the pet behave interacting or playing...</b>					
With other pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Information (Optional):**
