



PET ASSESSMENT

For Internal Use Only

Complete By:

Date:

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

PET MEDICAL HISTORY	YES	NO	If yes, please describe
Has the pet been diagnosed with any medical condition, such as:			
Heart Condition			
Thyroid Disease			
Allergies			
Seizures (Please describe frequency, severity, cause of occurrence, behaviors to look for, etc.)			
Physical Limitations (arthritis, missing limb, blind, deaf, etc.)			
Bloat			
Cancer			
Other: (please describe)			
Do you use a regular flea/tick preventative on your pet?			
Pet History			
Has your pet ever bitten a person, pet, or other animal?			
Has your pet ever been bitten or attacked by another pet?			
Are there any specific behaviors or requirements we need to be aware of? (i.e. eats from a raised feeder, must use a harness)			
Has your pet ever been boarded before?			
If your pet has boarded before, has it ever been reported to you that your pet shows signs of stress or destructive behaviors?			
Is your pet cage shy and/or cage aggressive?			
Does your DOG have any tendencies to climb or dig from enclosures?			
Does your pet display chewing and/or other destructive behaviors of household type items?			
Has your dog ever played with dogs at a Dog Park or Doggie Day Camp? (Dog Only)			
Does your pet protect his/her food or toys? (Dog Only)			

PET EXPERIENCES	Calm	Happy/ Excited	Timid/ Shy	Fearful	Aggressive
What is the pet's behavior when...					
Meeting another pet?					
Meeting a stranger (in his/her home and outside the home)?					
Walking on a leash?					
How does the pet behave interacting or playing...					
With other pets?					
With a person?					

Additional Information (Optional):

Please print, complete, and return to us prior to, or at check-in for your pets stay.

**NOTE: There is a nightly fee charged for dismissals on Sunday. _____
(owner's initials)**