

COMPLETED BY: _____

PET ASSESSMENT

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	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures (Plese describe frequency, severity, cause of occurance, behaviors to look for, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Limitations	<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"/>	
Do you use a regular flea/tick preventative on your pet?			

PET HISTORY	YES	NO	IF YES, PLEASE DESCRIBE
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
What is the pet's behavior when...					
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"/>
How does the pet behave interacting or playing...					
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):

For Internal Use Only- Reviewing Associate must mark the appropriate box and enter any comments where needed

APPROVED FOR GROUP PLAY - no additional comments needed

NOT APPROVED FOR GROUP PLAY (Must be noted in TouchPoint Alerts section): WHY?