

Compl	eted By:
Date:	

PET ASSESSMENT

PET PARENT INFORM	IATION					
Last Name:				First Nam		
Vet Name:				Vet Phon	e #:	
PET INFORMATION						
Name	Cat/Dog	Birthday	Sex	Weight	Breed/Breeds	Color/Markings
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PET HISTORY						
When did the Pet Paren	it get the p	et?				
Where did the Pet Pare	nt get the p	et? (Adopt	ed from aı	nimal shelte	r, purchased from breeder, pet	store, etc.)
Has the pet been diagno	osed with a	ny medical	condition	, such as he	art condition, thyroid disease,	etc?
If so, what condition(s)	?					
-						
Does the pet have any a	allergies?	1	Yes □	No□		
If so, please list:						
Does the pet have any	obveical lim	nitations (ar	thritic mis	seina limb b	lind doof atc \2	
Describe:	Jirysicariiii	ilialions (ai	umus, mis	saing ilino, b	illiu, uear, etc.)!	
Has your pet ever suffe	red from se	izures? `	Yes □	No∏		
If yes, please describe	the freque	ncy, severit	y, cause f	or occurrenc	ce, behaviors to look for, etc.	
DET DEDCOMALITY						
PET PERSONALITY						
What is the pet's behav	ior wnen m	eeting anoi	ner pet?			
-						
What is the pet's behav	ior when m	eeting a str	anger (in	his/her hom	e and outside the home)?	
						,
How does the not hohe	io whon int	oracting or	plavipav	ith other pet	-0	
How does the pet behave	ve when in	eracting or	playing w	nın otner pet	S?	
How does the pet behav	ve when in	eracting or	nlaving w	ith a nerson	and/or toys?	
riow does the het belia	ve when iii	eracing or	playing W	iui a peisoli	and/or toys:	
-						

PET EXPERIENCES	YES	NO
Has your pet ever bitten a person?		
Describe circumstance:		
Describe circumstance.		
Has your pet ever bitten another pet or animal?		
Describe circumstance:		
Describe circumstance:		
	_	_
Has your pet ever been bitten or attacked by another pet or animal?		
Describe circumstance:		
	п	
Does the pet have any phobias (thunder, loud noises, vacuum cleaner, etc.)?	<u> </u>	Ŀ
Explain:		
	П	
Is there anything that your pet does not like (types of pets, people – male,	Ш	L
female, people wearing glasses, uniforms, activities, etc.)?		
Explain:		
The manufacture of the second and th		
Do you use a regular flea/tick preventative on your pet? Describe:		
Describe:		
	·	
	YES	NO
THE SECTION BELOW IS DOG-SPECIFIC	YES	NO
Has your dog ever:	YES	NO
Has your dog ever: Attended any dog "Day Care" or Day Camp"?	_	30. V d00
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