



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
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 (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"/>	
Do you use a regular flea/tick preventative on your pet?	<input type="checkbox"/>	<input type="checkbox"/>	
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 (Must be noted in TouchPoint Alerts section): WHY?