

# PETS GET PHYSICAL

For Internal Use Only

Processed By:

Date:

## PET ASSESSMENT FORM

PET & PARENT INFORMATION			
LAST NAME:		FIRST NAME:	
PHONE #:		EMAIL:	
ADDRESS:		POSTAL CODE:	
EMERGENCY (NAME):		EMERGENCY #:	
VET NAME:		VET PHONE #	
PET NAME:			
BREED:		SPAY/NEUTER:	
D.O.B:	SEX:	WEIGHT:	COLOUR:

PET MEDICAL HISTORY		
Has pet been diagnosed with medical condition such as:	YES	NO
Heart Condition		
Thyroid Disease		
Allergies (seasonal, food, etc.):		
Seizures (what is the cause, frequency):		
Physical Limitation (arthritis, blind, etc.):		
Bloat		
Other:		

PET BEHAVIOUR HISTORY		
Has your pet ever bitten a person, pet or animal?		
Has your pet ever been bitten or attacked by another pet?		
Has your pet ever been boarded before?		
Has your pet ever played at a Dog Park or Doggie Daycare before?		
Does your pet protect his/her food or toys?		

PET EXPERIENCES					
What is your pet's behavior when...	CALM	HAPPY/ EXCITED	TIMID/ SHY	FEARFUL	AGGRESSIVE
Meeting another pet?					
Meeting a stranger in his/her home?					
Meeting a stranger in public? (park, street etc.)					
How does your pet behave interacting or playing...	CALM	HAPPY/ EXCITED	TIMID/ SHY	FEARFUL	AGGRESSIVE
With other pet's?					
With other people?					

ADDITIONAL INFORMATION: (OPTIONAL)