

# ABOVE & BEYOND PET CARE HOSPITAL



## PET ASSESSMENT FORM

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Pet Information

Name	Breed	Color	Sex	Age	Weight

### History

When and where did the Parent get the pet?

\_\_\_\_\_

Has your pet been diagnosed with any medical conditions? If so, please list.

\_\_\_\_\_

Does your pet have any allergies? Yes\_\_\_ No\_\_\_ If so, please list.

\_\_\_\_\_

Does your pet have any physical ailments? (Blindness, arthritis, deaf, etc.) If so, please list.

\_\_\_\_\_

Has your pet ever suffered from seizures? Yes\_\_\_ No\_\_\_ If so, please describe frequency and causes.

\_\_\_\_\_

### Personality

Describe your pet's behavior when first meeting other animals:

\_\_\_\_\_

\_\_\_\_\_

How does your pet react when meeting a stranger outside your home?

\_\_\_\_\_

\_\_\_\_\_

How does your pet react when playing with other pets?

\_\_\_\_\_

\_\_\_\_\_

How does your pet react when playing with toys?

\_\_\_\_\_

\_\_\_\_\_

**Experiences**

Has your pet ever bitten another person or animal? Yes \_\_\_ No \_\_\_ If so, please describe.

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Has your pet ever been bitten or attacked by another animal? If so, please describe.

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Is your pet afraid of anything that you are aware of? (Thunder, loud noises, males, females, etc.)

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Has your pet ever attended Doggie Day Care? Yes \_\_\_ No \_\_\_

Has your pet ever played with other dogs? Yes \_\_\_ No \_\_\_

Has your pet ever played in a dog park? Yes \_\_\_ No \_\_\_

Has your pet ever been boarded? Yes \_\_\_ No \_\_\_

Has your pet attended training or obedience classes? If so, please describe.

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Does your dog jump fences? Yes \_\_\_ No \_\_\_

Has your dog ever suffered from Canine Bloat? Yes \_\_\_ No \_\_\_

Does your dog have experience sharing toys? Yes \_\_\_ No \_\_\_

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**Internal use only**

Pet approved for group play? Yes \_\_\_ No \_\_\_

If no, why? \_\_\_\_\_

Notes:

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