



PET ASSESSMENT

PET PARENT INFORMATION

Last Name: _____

First Name: _____

PET INFORMATION

Name: _____ Birthdate: _____ Breed: _____ Weight: _____

PET HISTORY

When was the pet adopted? (year) _____

Was the pet adopted from animal shelter, purchased from breeder, pet store, etc.) _____

Has the pet been diagnosed with any medical condition such as heart condition, thyroid disease, bladder stones, etc?
If so, what condition(s)?

Does the pet have any allergies? Yes No
If so, please list:

Does the pet have any physical limitations (cannot jump, arthritis, missing limb, blind, deaf, etc.)?
Describe:

Has your pet ever suffered from seizures? Yes No
If yes, please describe the frequency, severity, cause for occurrence, behaviors to look for, etc.

PET PERSONALITY

What is the pet's behavior when meeting another pet?

What is the pet's behavior when meeting a stranger (in his/her home and outside the home)?

How does the pet behave when interacting or playing with other pets?

How does the pet behave when interacting or playing with a person and/or toys?

Where does the Pet sleep at night?

Do you give him treats? Yes No If yes, what kind?

Can he have Hotel Poochie's Treats? Yes No

If the pet is NOT eating his food, may we apply a small amount of dog food gravy to his food to entice him to eat?

Yes No

PET EXPERIENCES

Has your pet ever bitten a person? YES NO

Describe circumstance: _____

Has your pet ever bitten another pet or animal? YES NO

Describe circumstance: _____

Has your pet ever been bitten or attacked by another pet or animal? YES NO

Describe circumstance: _____

Does the pet have any phobias (thunder, loud noises, vacuum cleaner, etc.)? YES NO

Explain: _____

Is there anything that your pet does not like (types of pets, people – male, female, people wearing glasses, uniforms, activities, etc.)? YES NO

Explain: _____

Do you use a regular flea/tick preventative on your pet? YES NO

Describe: _____

Has Your Dog Ever:

Attended any dog "Day Care" or Day Camp"? YES NO Where? _____

Played with other dogs? YES NO Played in a dog park? YES NO

Boarded? YES NO Where? _____

Attended a professional pet training course? YES NO

If so, describe class(es): _____

Does your dog jump fences or can he/she jump over our door security gates? YES NO

Is your dog kennel/crate trained? YES NO

Has your dog ever suffered from Canine Bloat? YES NO

Does your pet eat from a raised feeder? YES NO

Does your dog have experience sharing toys? YES NO

Is there ANYTHING we need to know about your pet's health, personality, wants or needs that will insure his/her safety and happiness at Hotel Poochie?

Pet Parent
Signature _____ **Date** _____