



PET ASSESSMENT FORM

Pet Name: _____ Breed: _____

Current Age: _____ Birthday (or approximate month): _____

Feeding Instructions/Amount:

AM _____ Lunch (if required) _____ PM _____

Please choose from one of the following and INITIAL:

1. My dog is social and I agree to allow them to take part in play time with others _____ (INITIAL)

*Please select this ONLY if your dog is not aggressive and is able to socialize.

2. My dog is NOT social and I do NOT give permission for them to take part in play time _____ (INITIAL)

Allergies or other special need

Medications

Name: _____ Amount: _____ Frequency: _____

Name: _____ Amount: _____ Frequency: _____

Place a check mark beside any of the following that apply to your pet:

- Food Aggressive Dog Aggressive Toy Aggressive Escape Artist Humper
 Dominant Climber May Bite Fearful Shy/Submissive Blind
 Deaf Spayed Neutered Unaltered

Any other info to help us get to know your pet better:
