

Pet Party Assessment Form:

The Reason for this form is to better plan your pet party.

Pet Parent Information

Last Name: _____ First Name: _____

Phone: _____ Address: _____

City: _____ state: _____ Zip code: _____

PET INFORMATION

Name: _____ cat/dog: _____ birthday: _____ sex: _____

Weight: _____ Breed/breeds: _____ color/markings: _____

PET HISTORY

Does the pet have any allergies? Yes __ No __

If yes please list:

Does the pet have any physical limitations ([arthritis](#), missing limb, blind, deaf, etc.)?

Describe:

Has the pet been Diagnosed with any medical condition, such as heart condition, thyroid disease, etc?

If so what conditions?

Does your pet need to be vaccinated? Yes___ No___

If yes which vaccines:

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?

PET EXPERIENCES

Has your pet ever bitten a person? Yes ___ No ___

If so what happen:

Has your pet ever bitten another animal or person Yes ___ No ___

Is so what happen:

Has your pet ever been attacked by another animal?

If so what happen:

Does the pet have any Phobias balloons, decorations, [loud noises](#) etc?

If so please explain:

Is there anything that your pet does not like(types of pets, people-male, female, people wearing glasses, uniforms, activities, etc?)

Do you use a regular flea/tick preventative on your pet? Describe:

Has your dog ever:

Attend any [dog day care](#) or day camp? Yes_ No_ if so Where?

Played with other dogs? Yes ___ No ___ if so date last play date: _____

Played in dog park/ people park? Yes ___ No ___ when? _____

Boarded? Yes ___ No ___ if so when? Date: _____

Attended a professional [pet training](#) course? If so, describe classes:

Does your dog jump fences? Yes ___ No ___