



# The Yuppy Puppy Pet Spa

Boarding & Playcamp  
PET ASSESSMENT

Date:

## OWNER INFORMATION

Last Name:	First Name:
Vet Clinic Name:	Vet Clinic Phone #:
Pet Name:	

PET MEDICAL HISTORY	YES	NO	If yes, please describe
<b>Has your pet been diagnosed with any medical condition, such as:</b>			
Heart Condition			
Thyroid Disease			
Allergies			
Seizures (please describe frequency, severity, cause of occurrence, behaviors to look for, etc.)			
Physical Limitations (arthritis, missing limb, blind, deaf, etc.)			
Bloat			
Cancer			
Other: (please describe)			
<b>Do you use a regular flea/tick preventative on your pet?</b>			
<b>Pet History</b>			
Has your pet ever bitten a person, pet, or animal?			
Has your pet ever been bitten or attacked by another pet?			
Are there any specific behaviors or requirements we need to be aware of?(i.e. eats from a raised feeder, must use a harness)			
Has your dog ever played with dogs at a Dog Park or Day Camp?			
Does your pet protect his/her/ food or toys?			

## PET EXPERIENCES

What is your pet's behavior when... (check all that apply)	Calm	Happy/ Excited	Timid/ Shy	Fearful	Aggressive
Meeting another pet?					
Meeting a stranger (in home and outside of the home)?					
<b>How does your pet behave interacting or playing...</b>					
With other pets?					
With a person?					

## Additional Information (Optional):

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For Internal Use Only- Reviewing Associate

	APPROVED FOR GROUP PLAY
	NOT APPROVED
NOTES:	