**Pet Suitability Assessment**

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| **Resident Name:** | |
| **Pet Name:** | **Insert photo of pet here** |
| **Species:** |
| **Sex:** |
| **DOB (must be older than 1 yr.):** |
| **Colour:** |
| **Weight:** |

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| **Pet Medical Information** | |
| Vet Name: | Ph: |
| Guarantor Name: | Ph: |
| Is the pet up-to-date with all vaccinations? Please provide proof of vaccination status. | Y / N |
| Is the pet up-to-date with all parasite treatments? Please provide proof of status and planned schedule. | Y / N |
| Is the pet spayed or neutered? | Y / N |
| Does the pet have any old injuries or health problems? If yes, please describe. | Y / N |
| Current health concerns: |  |
| Does the pet need any medication or special diet. If yes, please describe. | Y / N |
| When is the pet usually fed? |  |
| What do you feed the pet? |  |
| Has the pet had raw meat in the last 3 months? | Y / N |
| Are there any special dietary concerns? If yes, please describe. | Y / N |

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| **Living Environment** | |
| How long have you had the pet? |  |
| Has the pet lived in your home environment for the last 6 months? | Y / N |
| How much of the time is the pet outside? |  |
| How much of the time is the pet inside? |  |
| Is the pet litterbox/house trained? Please describe. | Y / N |
| Are there any residents with allergies or objection to the pet? Please describe. | Y / N |
| Are there any healthcare workers with allergies or who are pregnant? | Y / N |
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| **Personality** | |
| Please describe the pet’s temperament. |  |
| Please describe the pet’s behaviour. Has the pet attended training classes? |  |
| Is the pet social with people? How will the pet cope amongst new/many people? Please describe. |  |
| Does the pet get along with: (Please circle.) | Dogs Cats Children Older Persons |
| Can the pet be controlled/obedient within its environment? |  |
| Will the pet manage spending long periods within the resident’s room or allocated outdoor space and on a leash/harness or carry box? |  |
| Any concerns or issues we should know about? |  |
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| **Grooming** | |
| Is the pet on a grooming schedule? Washing and nail/claw management. |  |
| Who will be attending the pet grooming moving forward? |  |
| Who will be attending to pet item cleaning – bowls, utensils, storage items, bedding, etc.? |  |
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