**Pet Suitability Assessment**

|  |
| --- |
| Older Person Name:  |
| Pet Name: | Insert photo of pet here |
| Species: |
| Sex: |
| DOB: |
| Colour: |
| Weight: |

|  |
| --- |
| **Pet Medical Information** |
| Veterinarian 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  |
| Food and Feeding |  |
| 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 |

|  |
| --- |
| **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? What are the pet’s toileting habits?  | Y / N  |
| Are there any co-older people with allergies or objection to the pet?  | Y / N  |
| Are there any healthcare workers with allergies or who are pregnant? | Y / N  |
|  |  |

|  |
| --- |
| **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?  |  |
| 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 older person’s room, is there allocated outdoor space, is the pet use to a leash/harness or carry box? |  |
| Does the pet require a lot of exercise, and if yes, can this be accommodated in the home? Who will be responsible? |  |
| Any concerns or issues we should know about? |  |
|  |  |

|  |
| --- |
| **Grooming** |
| Is the pet on a grooming schedule? Washing and nail/claw management.  |  |
| Who will be attending the pet grooming moving forward? |  |
| Cleaning Processes |  |
| Who will be attending to pet item cleaning – bowls, utensils, storage items, bedding, etc.? |  |
| Who will be attending to pet item cleaning – bedding, coats etc.? |  |
| Who will be attending to pet cleaning of pet waste, kitty litter, etc.? |  |
| Any Additional Information |  |
|  |  |
|  |  |

