

**Assessment Form**  
**# 3 Questioning / History**  
~Please fill out at home prior to session. Mahalo!~

Animal's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M / F      Neutered / Spayed      Weight: Under / Normal / Over

Litter(s) dates: \_\_\_\_\_

**General Background:**

(origin, neglect/abuse, behavioral changes, likes/dislikes/fears, changes w/in environment, related events, etc.)

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**Current Daily Routine:**

(How much & at what time of day- Exercise, Training, Rest, Feeding, Defecation, Social & Play Time, etc.)

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**Exercise / Sport:** \_\_\_\_\_

**Food** (type/brand name): \_\_\_\_\_

**Medical History** (Vaccinations, Procedures, Medications, Inoculations, Injuries, Illnesses):

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**Current Medications &/or Supplements** (please specify & list with its intended purpose):

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Does your pet prefer things that are **hot**\_\_\_\_\_ (ex: food, blankets, sun, etc.)  
or **cold**\_\_\_\_\_ (ex: shade, ice cubes, cold baths, etc.) temperatures?

Season Pet is most comfortable in:\_\_\_\_\_

Particularly Enjoys:\_\_\_\_\_

Comments / Additional space for information:

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