



PET HEALTH ASSESSMENT



To be completed and signed by your pet's veterinarian.

Date: _____

Animal's Name:		Owner's Name:	
Animal's Birth Date:	Date of Last Physical Exam:	Date of Last Vaccination:	

- General Assessment** *Healthy* *Unhealthy*
- Vision** *Good* *Reduced* *Poor*
- Hearing** *Good* *Reduced* *Poor*
- Mobility (balance & stiffness)** *Good* *Reduced* *Poor*
- Attitude** *Unchanged* *Irritable*
- Has the pet had excessive weight gain or weight loss in the last year?** *yes* *no*

If yes, explain: _____

7. Does the pet have any suspected or confirmed medical conditions that may interfere with its ability to be a PALS visitor?

- Urinary Incontinence *yes* *no*
- Diabetes Mellitus *yes* *no*
- Cushings *yes* *no*
- Arthritis or Spondilosis *yes* *no*
- Skin Lesions or disease *yes* *no*
- Immune compromised *yes* *no*
- Seizures *yes* *no*
- Other _____

If yes to any of the above, is the disease/condition under control? _____

8. Is this pet on any ongoing medication? *yes* *no*

If yes, specify and explain: _____

9. Does this pet have any gum or dental disease? *none* *mild* *moderate* *serious*

10. In your opinion is this animal physically fit? *yes* *no*

(As a veterinarian, you may not know that PALS pets are subject to: slippery surfaces, environmental heat, rough handling, unpredictable environments, stairs)

Vaccination All PALS *dogs, cats & ferrets* must have a current Rabies vaccination.

	Date Given	Due Again
Rabies		
DA2PL		
Parvo		
FVRCP		
Other		

Additional Comments: _____

Signature of Veterinarian

Name of Clinic