

INITIAL ASSESSMENT SHEET

Pet's Name:	Date:
Breed:	Contact Number:
Age/Sex:	Pet Care Provider:

VETERINARY OBSERVATIONS/RX: (please include how long pet has been using Rx and/or Rx shampoo)

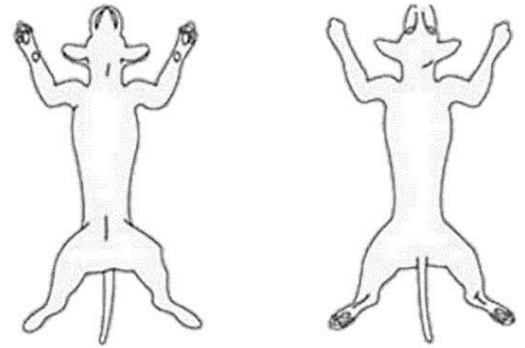
OWNER OBSERVATIONS: (circle all that apply)

SMELLY LUMPS/BUMPS SORES CRUSTS FLAKES HAIRLOSS REDNESS ITCHY/SCRATCHY BLACKHEADS

DIET:

GROOMER OBSERVATIONS: (circle all that apply)

SMELL LUMPS/BUMPS SORES - WET or DRY CRUSTS
 FLAKES HAIRLOSS REDNESS WARM ITCHY BLACKHEADS



PLAN/GOAL BASED ON OBSERVATIONS:

PLAN NEXT VISIT: (write in the date)

___ DAYS	1 WEEK	2 WEEKS	3 WEEKS	4 WEEKS	5 WEEKS	6 WEEKS