

Community Pet Assessment and Care Plan

Ref: CSM Fm 1.14i
Date: 3.9.2020

Purpose & Scope:

This form is to be used in conjunction with the Pet Agreement form provided to you by your Tenancy Worker.

Statement of Position:

Wintringham understands that pets are good for your health. Pets provide companionship, encourage exercise and increase social interaction. Pets give pleasure and love and provide purpose and routine for older people.

Wintringham encourages appropriate pet ownership for residents. However, before getting a pet consideration needs to be made on the impact of the pet on other residents, the ability of the owner to care for the pet financially, emotionally and physically and the environmental needs of the pet.

Please consider these questions and fill in this form and provide it along with the Pet Agreement form to your Tenancy worker.

Please circle or tick your answers

Pet Owners Details

Resident Name:

Address:

Phone Number

PET INFORMATION

Do you currently have a Pet?

If yes:

Type:

Age:

Breed:

Has the pet been de-sexed?

YES /NO

If not will it be de-sexed?

YES /NO

Does your pet have a vet?

YES/NO

If yes, name of vet:

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Is the pet up to date with all vaccinations and worm treatments? YES/ NO

If not, date they will be? DATE:

Is the pet registered with Council? YES / NO

If the pet is a dog has the pet had any puppy school training? YES / NO

If this pet is deemed unsuitable for the residential complex, are you willing to look at other options to rehome the pet with assistance from your support worker if necessary?

New Pet

If you are in the process of getting a pet, are you willing to discuss the most suitable pet for your individual circumstances with your support worker?

YES / NO

What is your reason/s for having a pet? (safety, company, other)

Financial Implications

Pets can take a toll on your weekly budget, have you considered the following expenses and believe that these costs are manageable? Comment:

- | | |
|--------------------------------------|--------------------------|
| Food | <input type="checkbox"/> |
| Toys | <input type="checkbox"/> |
| Bedding | <input type="checkbox"/> |
| Grooming | <input type="checkbox"/> |
| Veterinary Checks | <input type="checkbox"/> |
| Medication (flea, worming, medicine) | <input type="checkbox"/> |
| Operations (de-sexing) | <input type="checkbox"/> |

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Kennel/cattery Accommodation (in the case of holidays, emergency care or unable to care)

Have you considered a plan to do the following activities? Please tick

Walking ☐

Cleaning (picking up droppings, washing the dog etc) ☐

Medication (flea, worms, health checks) ☐

Grooming ☐

Veterinary Checks ☐

Forward planning

In the case of you taking a holiday or being admitted to hospital, what arrangements would be in place to care for your pet?

Friend/family care? NAME: PHONE NUMBER:

Shelter (Name)?

If a situation arose where you are no longer able to care for your pet, what plan do you have in place?

Kennel /Cattery (Name)

Family/Kennel/Cattery/Shelter

Is there anything else you would like to tell us that will help with understanding your pet?

NAME:

DATE:

SIGNATURE: