

Pet History

For Animals Surrendered To The Shelter

Date: _____

Process #: _____

Please help us attempt to find your pet a good, permanent home by completing this questionnaire.
Thank you!

Name _____ Age _____ Breed _____

Weight _____ Sex: _____ Male _____ Female

Why are you dropping off the animal? _____

Who has been your veterinarian for this pet? _____

How long have you had this pet? _____

What vaccinations has your pet had? _____

When are these vaccinations again due? _____

Is your pet spayed/neutered? _____ Yes _____ No

If this pet is a dog, what heartworm preventative do you use?

_____ Daily (Filaribits) _____ Monthly (Interceptor or Heartguard)

If monthly, when is the next dosage due? _____

Did your pet live with children? _____

If so, what ages? _____

Was the pet kept: _____ indoors _____ outdoors _____ fenced yard _____ chained

Reactions To:

Men:	<input type="checkbox"/>	Very friendly	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Suspicious	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Aggressive
Women:	<input type="checkbox"/>	Very friendly	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Suspicious	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Aggressive
Children:	<input type="checkbox"/>	Very friendly	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Suspicious	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Aggressive
Other Pets:	<input type="checkbox"/>	Very friendly	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Suspicious	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Aggressive

If this pet is a dog, what percent of obedience would you say your pet is at?

_____ Less than 50% of the time

_____ More than 50% of the time

_____ Always

_____ Never

Obeys the following commands:

_____ Come _____ Sit _____ No _____ Stay _____ Down _____ Heel

Is the dog 100% housebroken? _____ Yes _____ No If no, please explain: _____

How does the dog indicate a need to go out? _____

Check any behavior your dog exhibits:

_____ Urinates in the house _____ Defecates in the house _____ Chews _____ Digs
_____ Bites _____ Fights with other pets _____ Jumps on people _____ Has car sickness
_____ Jumps or climbs fences _____ Other

If you are giving your pet up because of what you believe is an irreversible discipline problem, please indicate which obedience school you attended so that we, or the new owner, can contact the trainer on any specific problems:

If this pet is a cat, is the cat 100% litter box trained? _____ Yes _____ No

If no, please explain: _____

Check any behavior your cat exhibits:

_____ Urinates in the house _____ Defecates in the house _____ Chews _____ Bites
_____ Fights with other pets _____ Scratches furniture _____ Scratches people
_____ Sprays _____ Has car sickness _____ Other

Feeding: What is your pet's feeding schedule?

_____ Free Access _____ Set Time If set time, when? _____

What type of food (brand) is your pet accustomed to eating? _____

Grooming: Does your pet enjoy baths and grooming? _____ Yes _____ No

How often is your pet groomed? _____

Please make any other comments on your pet's behavior or temperament that would help us find a suitable home:

Please print this form and bring it when you come in.