

Relinquished Pet History

Please tell us a little more about your pet so that we may better get to know him/her. Owner Relinquish Questionnaire

Pet's Name _____ Dog Cat Other _____ Colors/Special Markings:

Sex: Male _____ Female _____

Spayed _____ Neutered _____ Pet's Age _____

Pet's Breed (be as specific as possible): _____

Destructive? _____ Chews _____ Digs _____ Scratches _____ Other _____

Behavior towards children? _____ Ages of Children _____

Behavior towards men? _____ women? _____

Behavior towards dogs? _____ cats? _____

Special Dietary Needs: _____

Any Special Needs/Medical? _____

Behavior Characteristics _____

Owner's Name _____ Phone # _____ Address:

City _____ State _____ Zip _____

Does your pet have an ID Microchip? No _____ Yes _____ Not sure _____

Why are you relinquishing your pet today? _____

Comments: _____

If you did not bring along medical records: please give us an idea on last vaccination date or any other important medical history that we need to know and name of veterinarian:

Dogs: Date of Rabies _____ DHLPP _____ Heartworm Check _____ Heartworm Medication _____

Cats: Date of Rabies _____ FRVCP _____ Leukemia _____ Leukemia and FIV Test _____

How long have you owned pet? _____

Where does your pet live during day? _____ night? _____

Housebroken? _____ Day _____ Day/Night _____ Defecates _____

Litterbox _____ Marks _____ Partial _____ Submissive _____ Urinates _____

Has your pet had any litters? _____ Never _____ Once _____ Twice or more _____

Good in a car _____ In Carrier _____

Good on a leash? No _____ Yes _____ Pulls _____ Slips _____

Obedience: Bad _____ Good _____ No Training _____ So-So Training _____

Escapes? No _____ Yes _____ Climbs _____ Door Dash _____ Jumps _____ Open Gate _____

What type of fence do you have? None _____ Chain _____ Wood _____ Height? _____

How long is your pet left alone? 2 Hours _____ 4 Hours _____ 8 Hours _____ 24 Hours _____