



BEHAVIOR DEPARTMENT CASE HISTORY FORM

Email to: behavior@placerspca.org
Fax to: (916) 782-8655

DATE: _____

OWNER INFORMATION First Name: _____ Last: _____

Home Address: _____ City: _____ Zip: _____

Phone - Home: _____ Work: _____ Cell: _____

Email: _____

In Household, Number of Adults: _____ Children's ages: _____

Additional Comments: _____

ANIMAL INFORMATION Breed Type: _____ Name: _____

Adopted from the Placer SPCA? Yes No A# _____ Age: _____

If no, where did you obtain the animal? _____

Date Adopted: _____ Sex: M F Altered? Yes No When? _____

Approx. date last visit to vet? _____ For? _____

How were you referred to the Placer SPCA Behavior Department? _____

Are you considering giving up the pet? Yes No Is this the first cat/dog for an adult family member? Yes No

Other Current Pets:

Name				
Age				
Breed Type				
Sex				

Unacceptable Animal Behavior Code(s): _____ Diagnosis Code(s): _____

For Internal Use Only:

1st Memo () Initials _____ Date & Time In: _____

Callback Attempts: Date & Time: _____ Result: _____ Initials: _____

Memo () 1. _____

Memo () 2. _____

Memo () 3. _____

Master Case # Vol. _____ Date Follow-up Mailed: _____