



Animal Code #

Surrendered Dog Information:

Placer County Resident (Please call before surrendering your pet)

It will cost more than \$200 to provide care for this animal. As a Placer County resident your fee to surrender your pet and cover some of the cost for their basic care is \$50 per animal or \$125 for a litter of 3 or more.

The care your animal could receive may include:

Vaccinations

Medical Tests

Veterinary Medical Care

Spaying or Neutering

Transportation

Grooming

Food & Basic Care

Evaluation & Assessment

Possible Euthanasia

In addition to the surrender fee we encourage you to consider a tax-deductible donation to help us continue to provide the utmost care for our animals.

Yes- I want to donate to help provide care to the animals at the Placer SPCA. Please add an additional: \$15, \$25, \$50, \$100, or \$ donation to the above noted fee.

Surrendering Party please complete:

Fee: \$ _____

Donation: \$ _____

(This amount is tax deductible to the extent allowed by law.) In addition to your receipt, you will receive an acknowledgement in the mail for your donation.

Total: \$ _____

As owner, or custodian, of the animal described herein, I hereby transfer all right and title of said animal to the Placer SPCA. I further understand and agree that it may be transported to an unaffiliated Shelter Facility at said SPCA's discretion due to health, space, or jurisdictional issues, and/or humanely euthanized if deemed necessary. If I have indicated I would like to know either during or upon completion of the required hold period, this animal is deemed unadoptable, the Placer SPCA will reasonably attempt to notify me. I understand it is ultimately my responsibility to check on the status of this animal during the legally required holding period. It is expressly agreed that neither said SPCA, nor its said Shelter, including Employees of each, shall incur any obligation to provide me an account of the disposition of said animal nor can the Placer SPCA guarantee to hold an animal for redemption beyond the legally required holding period.

To the best of my knowledge and belief this animal has not bitten any person during the fifteen-(15) days preceding this date, unless otherwise noted hereon.

OWNER CUSTODIAN _____

SIGNATURE

Release Information: (Please print)

Name _____ Phone _____

Address _____ City _____

CDL # _____ Zip _____

Surrendered Dog Information

Animal Code: _____ Pet Name: _____ Spayed/Neutered ? Y N

€ I want to be notified if the Placer SPCA is unable to place this animal for adoption.

(There is a **\$25 non-refundable fee** for this service)

I understand that I **must respond or redeem** within 24 hours of this notice and will only be called at the numbers I provide on the **Animal Receipt**. (Please Initial) _____

Please check the behaviors that might apply to this dog & complete the following questionnaire:

€ Eager to please	€ Comes when called	€ Submissive	€ Snappy
€ Amiable	€ Confident	€ Reserved	€ Predatory
€ Well mannered	€ Independent	€ Escape oriented	€ Destructive
€ Demanding	€ Likes riding in cars	€ Timid	€ Defensive/Protective
€ Vocal	€ Lap dog	€ Sensitive to noise	€ Aggressive
€ Stubborn	€ Outgoing	€ Pushy	€ Mouthy
€ Doesn't obey	€ Digs	€ Shy	€ Attacks/bites people
€ Friendly	€ Jumps up	€ Unruly	€ Attacks other dogs

If you have checked a box in the gray area, please explain thoroughly: _____

Has this dog bitten or seriously scratched anyone (*broken skin*) in the last 15 days? Yes No

If yes, explain: _____

Does this dog have any special needs? Yes No

If yes, please describe: _____

How many people in your family? _____ Children's ages: _____

Why are you giving up this dog? _____

Why did you get this dog:

- | | | |
|--|--|--|
| <input type="checkbox"/> Companion for myself | <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Unwanted Gift |
| <input type="checkbox"/> Another family member got the dog | <input type="checkbox"/> Rescued from the street | <input type="checkbox"/> Hunting dog |
| <input type="checkbox"/> Companion for another family member | <input type="checkbox"/> Working dog | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Protection: <input type="checkbox"/> Home <input type="checkbox"/> Business | | |

Where did you get this dog? _____

How long ago? _____

History of previous ownership: _____

If you obtained this dog as a puppy, how was it raised?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Single Pet | <input type="checkbox"/> With another puppy | <input type="checkbox"/> With adult dog(s) | <input type="checkbox"/> Inside, people home |
| <input type="checkbox"/> With its mother and litter | <input type="checkbox"/> Inside, alone _____ hours per day | <input type="checkbox"/> Outside day, inside night | |
| <input type="checkbox"/> With children | <input type="checkbox"/> Outside all day and night | <input type="checkbox"/> With other pet(s): _____ | |

Housing Information *please check all that apply*

When you are home:	When you are away:
<input type="checkbox"/> Inside Hours: _____	<input type="checkbox"/> Inside Hours: _____
<input type="checkbox"/> Outside Hours: _____	<input type="checkbox"/> Outside Hours: _____
<input type="checkbox"/> Free access inside and outside	<input type="checkbox"/> Free access inside and outside

When outside, how is this dog confined?

- No confinement, dog is allowed to run loose
- Fenced yard: Fence height: _____ Fence Type: _____
- Fenced run: Fence height: _____ Fence Type: _____
- Garage or other outside building Kennel Tethered by chain or cable
- Overhead zip line Ground zip line Invisible electronic fence
- Other: _____

If this dog is kept in a fenced yard or run, how does it behave?

- Rests Plays Paces Chews Whines Howls Digs
- Tries to escape: Digs under Jumps over
- Barks: At what? _____ Other: _____

When in a fenced yard or run, this dog is *friendly* with:

- Family members Visitors Strangers

When in a fenced yard or run, this dog is *unfriendly* with:

- Family members Visitors Strangers

If the dog escapes, where does it go? _____

Why does it go there? _____

How have you gotten it back? _____

When inside is the dog confined? Yes No

If yes, how is the dog confined?

- Baby gates Doors closed Will not go up / down stairs
- Trained to stay Crate Other: _____

Is this dog restricted to / from any areas? Yes No

Please explain: _____

Where does this dog sleep?

- Inside: Where? _____ On what? _____ With whom? _____
- Outside: Where? _____ On what? _____ With whom? _____

Was this dog's housing arrangement successful? Yes No

Please explain: _____

Housetraining Information *Please check all that apply*

Is this dog housetrained? Yes No

When does this dog have accidents?

- This dog has frequent accidents, even when people are home
- This dog only has accidents when left alone over _____ (length of time)
- This dog has occasional accidents

Accidents are: Urination only Bowel movements only Both

Where does this dog go potty?

- Newspaper Pads or similar product Litter box Walks
- Yard: Through dog door Let out by person Other access: _____
- Other: _____

How do you know when this dog needs to go potty?

- Goes to the door Barks Paces Scheduled walks
- Lets him/herself out through dog door Tells you (explain): _____

Is this dog crate trained? Yes No

When is the dog in its crate? _____

What is the maximum amount of time the dog spends in its crate? _____

What size crate? Small Medium Large Extra large

What type of crate (wire, plastic, etc.)? _____

Does this dog potty in the crate? Yes No Only when left over _____ hours

Are these accidents: Urination only Bowel movements only Both

Grooming *Please check all that apply*

Has this dog been groomed or bathed in the home? Yes No

How did this dog behave for home grooming or bathing?

- Calm, enjoys the attention Anxious, **does** allow the bathing / grooming
- Anxious, **doesn't** allow bathing / grooming Must be muzzled to avoid biting
- Growls Must be sedated
- Nips Other: _____

Has this dog been professionally groomed? Yes No

How often has this dog been to the groomer? _____

Groomer's name and phone number: _____

How does this dog behave at the groomer?

- Calm, enjoys the attention Anxious, **does** allow the bathing / grooming
- Anxious, **doesn't** allow bathing / grooming Must be muzzled to avoid biting
- Growls Must be sedated
- Nips Other: _____

How does this dog behave when having its nails trimmed?

- Calm, enjoys the attention
- Anxious, **doesn't** allow bathing / grooming
- Growls
- Nips
- Anxious, **does** allow the bathing / grooming
- Must be muzzled to avoid biting
- Must be sedated
- Other: _____

Exercise and Play Information *Please check all that apply*

Does this dog receive exercise? Yes No

How often is this dog exercised? _____

Where is this dog exercised?

- Beach
- Park
- Dog park
- Walk
- Yard: Supervised Unsupervised
- Other: Supervised Unsupervised

Does this dog exercise with:

- Adult(s) : Supervised Unsupervised
- Child(ren): Supervised Unsupervised
- Other dog(s) : Supervised Unsupervised
- Other: _____ Supervised Unsupervised

Does this dog receive playtime? Yes No

How often does this dog receive playtime? _____

Does this dog have playtime with:

- Adult(s) : Supervised Unsupervised
- Child(ren): Supervised Unsupervised
- Other dog(s) : Supervised Unsupervised
- Other: _____ Supervised Unsupervised

Please mark on the scale where this dog's play style falls:

Gentle	1	2	3	4	5	Rough
--------	----------	----------	----------	----------	----------	-------

What kind of toys does this dog like? _____

Describe activities you did with this dog:

- Petting
- Bathing
- Playing tug-o-war
- Playing chase
- Rough-housing
- Training games
- Road trips
- Other: _____
- Brushing
- Playing fetch
- Running errands
- Training classes
- Going to restaurants / cafes
- Quiet companionship
- Relaxing on the bed / couch together

Feeding Information *Please check all that apply*

What type of food does this dog eat?

- Canned dog food Brand: _____
- Dry dog food Brand: _____
- Dry mixed with canned Brand(s): _____
- Special diet Brand / type: _____

How often and how much is this dog fed?

- Once daily Amount: _____ Time fed: _____
- Twice daily Amount: _____ Time fed: _____
- Free fed Amount: _____ Time fed: _____

Does this dog have any favorite treats? Yes No

Please explain: _____

Training Information *Please check all that apply*

Which behaviors is this dog familiar with?

- Sit Down Stay Come Heel
- Speak Shake Roll Over Fetch Sit Pretty
- Loose leash walking Other: _____

Leash walking behavior:

- Walks on a loose leash Walks on a tight leash Pulls on the leash
- Has no exposure to a leash Struggles and bites at the leash
- Other: _____

What training equipment has the dog been exposed to?

- Clicker Treats Head halter (type and size): _____
- Harness Choke chain Prong / pinch collar Electronic collar

Was this equipment successful? _____

Has this dog had obedience training? Yes No

Where and with whom was this training? _____

How long ago was the training? _____

If you have disciplined this dog, what method(s) did you use?

- Verbal correction Physical correction
- Squirt bottle Penny can / other item shaken or thrown at the dog
- Ignore the behavior Timeout
- Other: _____

How does this dog respond to the above discipline? _____

Behavioral Information *Please check all that apply*

This dog has been in the company of:

- Adults & Small Children
 Adults & Older Children
 Adults Only
 Not interested in people
 Other dogs
 Cats
 Other _____

How does this dog behave with:

Family		Visitors to the Home		General Public	
Adults	Children	Adults	Children	Adults	Children
<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm
<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly
<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited
<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful
<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy
<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful
<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive

Does your pet have a preference for:

- Men
 Women
 Children
 Other: _____

What makes this dog worried or causes it to behave in a different manner than usual?

- Children
 Strangers
 Going to the vet
 Going in the car
 Other dogs
 Other animals
 Nail trimming
 Baths
 Crowds
 Fireworks
 Other: _____

Does this dog have separation anxiety? Yes No

Was this separation anxiety diagnosed by:

- You
 Veterinarian
 Other: _____

What have you done to end the separation anxiety? _____

Please list any additional information on the daily routines for feeding, playing, etc.:

What do you enjoy the *most* about this dog?

What do you enjoy the *least* about this dog?

Please describe the ideal home you would like for this dog:

Please list any additional information that you feel would be helpful for us or a new owner to know about this dog (this will help us make the best possible match with a new home):

This dog is overprotective of: Family Its food/toys Own property

If you **checked a box**, explain: _____

Does this dog have a tendency to snap or bite? Yes No

If **yes** explain: _____

Does your dog display predatory behavior? Yes No

If **yes** explain: _____

For the safety of our employees and volunteers, is there anything else we should know about this dog?

Veterinary Information *Please check all that apply*

Name of this dog's veterinarian or clinic: _____

Address: _____

Telephone number: _____

Has this dog had routine veterinary care? Yes No

If neutered or spayed, at what age? _____ Where / by whom? _____

If female and not spayed, has she had any litters? Yes No

How many? _____

Has this dog had any major health problems? Yes No

Please explain: _____

What medications has this dog received or is currently receiving?

Medication	Date	Illness	Vet / Clinic Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any surgeries or illnesses requiring hospitalization:

Illness / Procedure	Date	Vet / Clinic Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this dog had any medical problems in the following areas?

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Worms in stool | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Runny eyes | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Coughing | <input type="checkbox"/> Allergies | <input type="checkbox"/> Urinary |
| <input type="checkbox"/> Bones | <input type="checkbox"/> Joints | <input type="checkbox"/> Ear infection | <input type="checkbox"/> GI / Stomach |
| <input type="checkbox"/> Other: _____ | | | |

Please explain: _____

Were these conditions diagnosed / treated by a veterinarian? Yes No

How does this dog behave at the veterinary office?

- | | |
|---|---|
| <input type="checkbox"/> Calm, relaxed | <input type="checkbox"/> Must be restrained |
| <input type="checkbox"/> Growls, procedures can be completed | <input type="checkbox"/> Growls, procedures can't be completed |
| <input type="checkbox"/> Will nip | <input type="checkbox"/> Will bite |
| <input type="checkbox"/> Must be muzzled | <input type="checkbox"/> Other:_____ |

May we contact your veterinarian? Yes No

IF YOU HAVE ANY OTHER ANIMALS IN YOUR HOME, PLEASE COMPLETE THE FOLLOWING *FOR EACH PET*

Pet #1:

- Dog Cat Other:_____

Age:_____ Sex:_____ Spayed/neutered?_____

How long did this pet live with the incoming pet?_____

How did this pet get along with the incoming pet?

- Friendly, no fighting Indifferent, ignored each other
 Did not get along, avoided each other Did not get along, fought with one another
 Incoming pet picked on Pet #1 Pet #1 picked on incoming pet

Any additional information:_____

Pet #2:

- Dog Cat Other:_____

Age:_____ Sex:_____ Spayed/neutered?_____

How long did this pet live with the incoming pet?_____

How did this pet get along with the incoming pet?

- Friendly, no fighting Indifferent, ignored each other
 Did not get along, avoided each other Did not get along, fought with one another
 Incoming pet picked on Pet #2 Pet #2 picked on incoming pet

Any additional information:_____

Pet #3:

- Dog Cat Other:_____

Age:_____ Sex:_____ Spayed/neutered?_____

How long did this pet live with the incoming pet? _____

How did this pet get along with the incoming pet?

- Friendly, no fighting Indifferent, ignored each other
- Did not get along, avoided each other Did not get along, fought with one another
- Incoming pet picked on Pet #3 Pet #3 picked on incoming pet

Any additional information: _____