

Date: _____

Surrendered Dog Information

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

☐ **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:

<input type="checkbox"/> Eager to please	<input type="checkbox"/> Comes when called	<input type="checkbox"/> Submissive	<input type="checkbox"/> Snappy
<input type="checkbox"/> Friendly	<input type="checkbox"/> Confident	<input type="checkbox"/> Reserved	<input type="checkbox"/> Predatory
<input type="checkbox"/> Well mannered	<input type="checkbox"/> Independent	<input type="checkbox"/> Timid	<input type="checkbox"/> Destructive
<input type="checkbox"/> Demanding	<input type="checkbox"/> Jumps up	<input type="checkbox"/> Mouthy	<input type="checkbox"/> Defensive/Protective
<input type="checkbox"/> Vocal	<input type="checkbox"/> Lap dog	<input type="checkbox"/> Sensitive to noise	<input type="checkbox"/> Escape oriented
<input type="checkbox"/> Stubborn	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Pushy	<input type="checkbox"/> Attacks/bites people
<input type="checkbox"/> Doesn't obey	<input type="checkbox"/> Digs	<input type="checkbox"/> Shy	<input type="checkbox"/> 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 10 days? ☐ Yes ☐ No

If yes, date: _____; please explain: _____

Does this animal have history with any animal control agency? ☐ Yes ☐ No

If yes, with what agency and for what? _____

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? _____

Where did you get this dog? _____

How long ago? _____

History of previous ownership of dog: _____

Is your dog microchipped? ☐ Yes ☐ No

If yes, to whom: _____

Housing Information *please check all that apply*

Dog is kept when family is home?

☐ Inside with run of the house

☐ Inside/Outside dog door

☐ Inside restricted from areas of the house

☐ Outside and garage

☐ Inside crated

☐ Outside in back yard

Dog is kept when family is not home?

- | | |
|--|--|
| <input type="checkbox"/> Inside with run of the house | <input type="checkbox"/> Inside/Outside dog door |
| <input type="checkbox"/> Inside restricted from areas of the house | <input type="checkbox"/> Outside and garage |
| <input type="checkbox"/> Inside crated | <input type="checkbox"/> Outside in back yard |

When outside, how is this dog confined?

- | | |
|--|---|
| <input type="checkbox"/> No confinement, dog is allowed to run loose | |
| <input type="checkbox"/> Fenced yard: Fence height: _____ | Fence Type: _____ |
| <input type="checkbox"/> Fenced run: Fence height: _____ | Fence Type: _____ |
| <input type="checkbox"/> Garage or other outside building | <input type="checkbox"/> Kennel |
| <input type="checkbox"/> Overhead zip line | <input type="checkbox"/> Ground zip line |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Tethered by chain or cable |
| | <input type="checkbox"/> Invisible electronic fence |

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

- | | | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------------|---------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Rests | <input type="checkbox"/> Plays | <input type="checkbox"/> Paces | <input type="checkbox"/> Chews | <input type="checkbox"/> Whines | <input type="checkbox"/> Howls | <input type="checkbox"/> Digs |
| <input type="checkbox"/> Tries to escape: | <input type="checkbox"/> Digs under | <input type="checkbox"/> Jumps over | | | | |
| <input type="checkbox"/> Barks: At what? _____ | | | | <input type="checkbox"/> Other: _____ | | |

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

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Family members | <input type="checkbox"/> Visitors | <input type="checkbox"/> Strangers |
|---|-----------------------------------|------------------------------------|

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

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Family members | <input type="checkbox"/> Visitors | <input type="checkbox"/> Strangers |
|---|-----------------------------------|------------------------------------|

If the dog escapes, where does it go? _____

Why does it go there? _____

How have you gotten it back? _____

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

Please explain: _____

Where does this dog sleep?

- | | | |
|--|----------------|------------------|
| <input type="checkbox"/> Inside: Where? _____ | On what? _____ | With whom? _____ |
| <input type="checkbox"/> Outside: Where? _____ | On what? _____ | With whom? _____ |

Housetraining Information *Please check all that apply*

Is this dog housetrained? ☐ Yes ☐ No

When does this dog have accidents?

- | |
|--|
| <input type="checkbox"/> This dog has frequent accidents, even when people are home |
| <input type="checkbox"/> This dog only has accidents when left alone over _____ (length of time) |
| <input type="checkbox"/> This dog has occasional accidents |

Accidents are: ☐ Urination only ☐ Bowel movements only ☐ Both

Where does this dog go potty?

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Pads or similar product | <input type="checkbox"/> Litter box | <input type="checkbox"/> Walks |
| <input type="checkbox"/> Yard: | <input type="checkbox"/> Through dog door | <input type="checkbox"/> Let out by person | <input type="checkbox"/> Other access: _____ |
| <input type="checkbox"/> 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

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? _____

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, **does** allow the bathing / grooming
☐ Anxious, **doesn't** allow bathing / grooming ☐ Must be muzzled to avoid biting
☐ Growls ☐ Must be sedated
☐ Nips ☐ 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 receive playtime? ☐ Yes ☐ No

How often does this dog receive playtime? _____

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

Gentle	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	Rough
--------	-----------------	-----------------	-----------------	-----------------	-----------------	-------

What kind of toys does this dog like? _____

Describe activities you did with this dog:

- | | |
|--|---|
| <input type="checkbox"/> Petting | <input type="checkbox"/> Brushing |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Playing fetch |
| <input type="checkbox"/> Playing tug-o-war | <input type="checkbox"/> Running errands |
| <input type="checkbox"/> Playing chase | <input type="checkbox"/> Training classes |
| <input type="checkbox"/> Rough-housing | <input type="checkbox"/> Going to restaurants / cafes |
| <input type="checkbox"/> Training games | <input type="checkbox"/> Quiet companionship |
| <input type="checkbox"/> Road trips | <input type="checkbox"/> Relaxing on the bed / couch together |

Other: _____

Feeding Information *Please check all that apply*

What type of food does this dog eat?

- | | |
|--|---------------------|
| <input type="checkbox"/> Canned dog food | Brand: _____ |
| <input type="checkbox"/> Dry dog food | Brand: _____ |
| <input type="checkbox"/> Dry mixed with canned | Brand(s): _____ |
| <input type="checkbox"/> Special diet | Brand / type: _____ |

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?

- | | | | | |
|--|---------------------------------------|------------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Down | <input type="checkbox"/> Stay | <input type="checkbox"/> Come | <input type="checkbox"/> Heel |
| <input type="checkbox"/> Speak | <input type="checkbox"/> Shake | <input type="checkbox"/> Roll Over | <input type="checkbox"/> Fetch | <input type="checkbox"/> Sit Pretty |
| <input type="checkbox"/> Loose leash walking | <input type="checkbox"/> Other: _____ | | | |

What training equipment has the dog been exposed to?

- | | | |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Clicker | <input type="checkbox"/> Treats | <input type="checkbox"/> Head halter (type and size): _____ |
| <input type="checkbox"/> Harness | <input type="checkbox"/> Choke chain | <input type="checkbox"/> Prong / pinch collar <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="checkbox"/> Verbal correction | <input type="checkbox"/> Physical correction |
| <input type="checkbox"/> Squirt bottle | <input type="checkbox"/> Penny can / other item shaken or thrown at the dog |
| <input type="checkbox"/> Ignore the behavior | <input type="checkbox"/> Timeout |
| <input type="checkbox"/> 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 _____

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 deal with the separation anxiety? _____

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 answer all that apply*

Name of this dog's veterinarian or clinic: _____

Address: _____

Telephone number: _____

May we contact your veterinarian? ☐ Yes ☐ No _____

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

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

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

	Species/Breed	Age	Male/Female	Altered?	Did they get along with surrendered pet?	Explain
Pet 1						
Pet 2						
Pet 3						
Pet 4						