

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 \$50 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 15 days? Yes No

If yes, 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: _____

Housing Information *please check all that apply*

Dog is kept when family is 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 |

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?

- 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? _____

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? _____

Houstraining Information *Please check all that apply*

Is this dog houstrained? 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

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

What kind of toys does this dog like? _____

Describe activities you did with this dog:
 Petting Brushing

- Bathing
- Playing tug-o-war
- Playing chase
- Rough-housing
- Training games
- Road trips
- Other: _____
- 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: _____

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: _____

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 _____

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 check 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?

- Calm, relaxed
- Grows, procedures **can** be completed
- Will nip
- Must be muzzled
- Must be restrained
- Grows, procedures **can't** be completed
- Will bite
- 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						