

Surrendered Misc. Pet 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 \$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 Pet & Complete the following questionnaire:

<input type="checkbox"/> Outgoing	<input type="checkbox"/> Fearful	<input type="checkbox"/> Independent	<input type="checkbox"/> Sedate
<input type="checkbox"/> Chews on plants	<input type="checkbox"/> Submissive	<input type="checkbox"/> Gentle	<input type="checkbox"/> Slow to adjust
<input type="checkbox"/> Comes when called	<input type="checkbox"/> Dominant	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Snappy
<input type="checkbox"/> Pushy	<input type="checkbox"/> Sensitive to noise	<input type="checkbox"/> Playful	<input type="checkbox"/> Destructive
<input type="checkbox"/> Anxious	<input type="checkbox"/> Friendly	<input type="checkbox"/> Talkative	<input type="checkbox"/> Attacks/Bites people
<input type="checkbox"/> Shy	<input type="checkbox"/> Affectionate	<input type="checkbox"/> Plays rough	<input type="checkbox"/> Escape oriented

Has this pet bitten or seriously scratched anyone (*broken skin*) in the last 10 days? Yes No
If yes, date: _____; please explain: _____

Does your pet 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 pet? _____

Why did you get this pet?

Companion for myself

Companion for another family member

Unwanted Gift

Companion for another pet

Another family member got the pet

Other: _____

Where did you get this pet? _____

How long ago? _____

History of previous ownership: _____

Is your critter microchipped? Yes No

If yes, to whom: _____

Housing Information *Please check all that apply*

Is this pet: Indoor Outdoor

How has this pet been housed?

- Aquarium-size: _____ Hutch-size: _____
 Wire cage-explain: _____ Plastic-explain: _____
 Other-explain: _____
 Free access of:
 Home Yard Other: _____

Feeding Information *Please check all that apply*

What brand / type of food does this pet eat? _____

What amount is fed? _____ How often? _____

Where is this pet fed? _____

Does this pet have any favorite treats? Yes No

If yes, please describe: _____

Would you describe this pet as a “picky” eater? Yes No

If yes, please describe: _____

Exercise and Play Information *Please check all that apply*

In a 24-hour day how long was this pet left alone at any given time?

- < 4 hours 4-8 hours 8-12 hours > 12 hours

Does this pet enjoy being handled? Yes No

Please describe what kind of handling this pet **does** like: _____

Please describe what kind of handling this pet **doesn't** like: _____

During an average day how many hours total is this pet handled?

- Never 1-2 hours 2-4 hours
 4-8 hours 8-10 hours Other: _____

Is this pet's activity level: Low energy Middle of the road Extremely active

Is this pet most active: Daytime Night time Both

Behavioral Information *Please check all that apply*

This pet has been in the company of: Adults & Small Children Adults & Older Children
 Adults Only Not interested in people
 Dogs Cats Other _____

Does this pet have a preference for: Men Women Children Animals: _____

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

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

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

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

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

This pet is overprotective of: Family Its food/toys Own property
Please explain: _____

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

If yes, please explain: _____

Does your pet have any likes or dislikes that a new owner would want to know about? Yes No

If yes, please describe: _____

Is there anything else we should know about this pet? _____

Litter Box Information *Please check all that apply*

This pet uses the litter box: Consistently Occasionally Never Goes Outside

Number of pets in the home that share the litter box: _____ Male: _____ Female: _____

Are they spayed/neutered? _____

Number of litter boxes in the home: _____

Type(s) of litter box:

- Uncovered Covered Electronic self-scooping litter box
 Rolling litter box Baby pool Other: _____

Type(s) of litter used:

- Clay, non-clumping Brand: _____ Scented Unscented
 Clumping/scoopable Brand: _____ Scented Unscented
 Crystals/pearls Brand: _____
 Sand Shredded newspaper Other: _____

Depth of the litter:

- 1 – 2 Inches 2 – 3 inches 3 – 4 inches Greater than 4 inches

How often do you **scoop** out the litter boxes?

- Daily A few times per week Once a week
 Every couple of weeks When I can't stand the smell When pet stops using it

How often do you **dump** the litter box (empty and replace the litter):

- Daily A few times per week Once a week
 Every couple of weeks Once a month Every couple of months
 When pet stops using it I just add fresh litter as needed

What product(s) do you use when cleaning the litter box? (Simple Green, Pine Sol, Bleach, etc.)?

Where in the room(s) are the litter boxes located?

- Near a wall In a corner Under furniture
 Out in the open Behind furniture In a closet
 Other: _____

Veterinary Information *Please check all that apply*

Name of this pet's veterinarian or clinic: _____

Address: _____

Telephone number: _____

Has this pet 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 pet had any major health problems? Yes No

Please explain: _____

What medications has this pet received or is currently receiving?

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

May we contact your veterinarian? Yes No

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						