

PID# _____

Pet Surrender Questionnaire

Please complete the following form so that we may evaluate your pet's needs. with any available foster space. Completing this form does not guarantee that your pet will be placed for adoption.

1. Your (Owner) Name * _____ Date _____/_____/_____

2. Your Address * _____

3. Phone * _____
() _____

4. Email * _____

(OFFICE USE ONLY)

PID: _____

1. Information about your pet (one pet per form)

2. Name of Pet * Sex of Pet Age of Pet* Is the pet spayed or neutered? *

3. Breed of Pet _____

4. Is the pet current on its vaccinations? _____

5. Reason(s) for surrendering this pet:

6. How long have you had this pet? _____

7. Where did you get this pet? _____

8. The pet is: *

- Housebroken
- Paper trained
- Sometimes has accidents
- Not housebroken

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9. Is the pet crate trained? * _____
10. How many times a day is the pet exercised? * _____
11. Where is the pet kept when no one is home? * _____
12. Where does the pet sleep at night? * _____
13. How many hours is the pet left alone during the work day? _____
14. How does the pet act when left alone? * _____
15. What are your pet's favorite activities? * _____

16. Training: *

- Obedience classes
- Home training
- Private professional training
- No formal training

17. Commands known: *

- Sit
- Down
- Stay
- Come
- Heel
- Wait
- Lay down
- Speak
- Shake
- Roll over
- Other

18. This pet has lived in the same household with: *

- Dogs
- Cats
- Birds
- Other animals
- Children (ages 0-5)
- Children (ages 6-12)
- Children (ages 13-18)

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19. How does the dog get along with the others noted above?

20. Check as many of the following that describe the pet's behavior and habits:

- Barks/Meows a lot
- Escapes yard
- Friendly to people
- Friendly to other cats/dogs
- Separation anxiety
- Digs/scratches
- Chews
- Unruly
- Shy
- Likes water/swimming
- Likes riding in cars
- Submissive wetter
- Reserved
- Affectionate
- Calm
- Outgoing
- Growls/Hisses
- Plays fetch
- Jumps on people
- Whines/Cries
- Fearful
- Playful
- Chases cats/dogs
- Hyperactive
- Likes treats
- Walks well on leash or is leash trained

21. Does the pet like the company of small children? _____

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- 22. Does the pet like the company of cats? _____
- 23. Does the pet like the company of dogs? _____
- 24. Is the cat/dog overly protective of its food/toys/treats? _____
- 25. Is the dog overly protective of family? _____
- 26. Is the dog overly protective of its property? _____
- 27. How does the pet react to strangers? _____
- 28. Has this pet ever snapped at a human or other animal? If yes, please describe when and why.

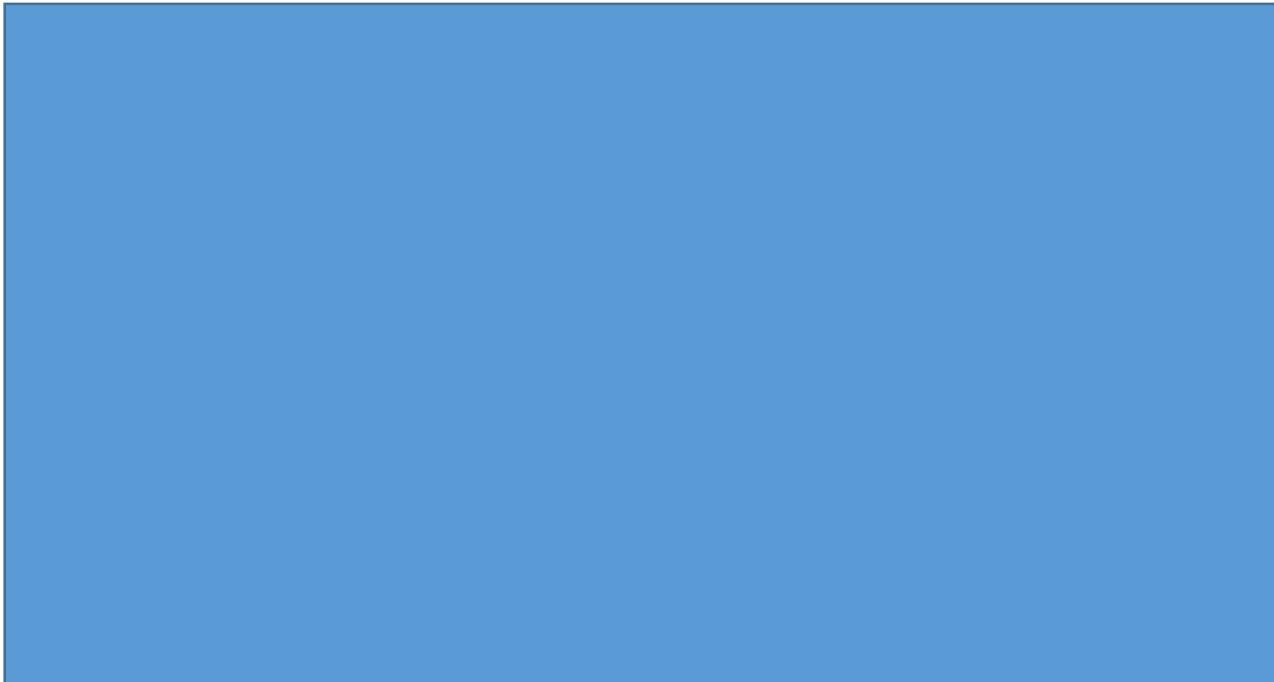
- 29. Has this pet ever bitten a human or other animal? If yes, please describe when and why.

- 30. What is the pet fed, how often and how much?

- 31. Please list any medication currently taken or special needs the pet may have:

- 32. Is there anything else we should know about this pet?

- 33. Attach Current picture of Pet *



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I attest that the information provided on this application is true and accurate to the best of my knowledge. By submitting this application to Palm Beach County Animal Care and CXontrol, I agree and understand that PBCACC makes no guarantee of placement for his pet.

Owners Signature * _____