



If through Animal Control:

Owner Name: _____

Owner Phone: _____

Intake Questionnaire

Date: _____

Animal PetPoint ID: _____ (For Shelter Use) Staff Initials: _____

Has this animal (dogs, cats and ferrets only) bitten anyone or any animal in the past 10 days?

No Yes (If yes, please stop and inform the staff)

Reason for surrendering?

General Information

Animals Name: _____ Age or approximate age: _____

Sex: Male Female Unsure Spayed/Neutered? Yes No Unsure

Any I.D.? Microchip? Number: _____

What efforts have you taken to re-home your pet? _____

How long have you owned this animal? _____

Where did you acquire this pet?

From HSTC Another Shelter/Rescue Group (Which one?): _____

Breeder Found as a stray Ad (paper, Craigslist, etc) Friend/relative Pet Store Born in my home Other _____

Lifestyle & Home Life

Is this animal comfortable with:

Women Men Children Teenagers Seniors Loves all people

Please check all the animals that the pet has *lived* with: (check all that apply)

Male dogs Female dogs Small animals (what kind?) _____

Male cats Female cats Farm animals (what kind?) _____

Other (please explain) _____

Describe the animal's behavior around *dogs*. (Check all that apply)

Never been around dogs Adores other dogs Friendly/playful Aggressive with all dogs

Bossy Frightened Ignores or is indifferent Gentle/submissive Roughhouses

Aggressive with same sex dogs Other (please explain) _____

Would you recommend placing this dog in a home with other dogs? Yes No

If no, please explain: _____

Describe the animal's behavior around *cats*. (Check all that apply)

Never been around cats Respectful Friendly/playful Aggressive Has killed a cat

Frightened Ignores or is indifferent Gentle/submissive Chases for fun Chases to harm

Other (please explain) _____

Would you recommend placing this dog in a home with cats? Yes No

If no, please explain: _____

Where was the pet when no human members of your family were at home?

- Free run of the house
- Crated
- In fenced yard (Approx height _____)
- In garage or basement
- Confined to kitchen/bathroom
- Outside on chain or runner (dog)
- E-Collar
- Other (please explain)

How many hours a day were they kept outside (if any)?

- None
- Less than an hour
- 1-2 hours
- 3-4 hours
- More than 5 hours
- Lived outdoors
- Allowed inside only at night
- Other (please explain) _____

If your dog was confined by a fence, how high was the fence? _____

Where does the animal sleep at night? (Check all that apply)

- Inside
- In garage
- Outside
- Crate
- Other (please explain) _____

Manners & Training

If a dog, is it dog housetrained? Yes No Almost (started training) : _____

If a cat, is it litterbox trained? Yes No Almost _____

Is your animal protective or possessive of any of the following? (Check all that apply)

- Food (to other pets)
- Toys (to other pets)
- His/her body
- Food (to people)
- Toys (to people)
- Owner/family
- Property
- Other (please explain) _____

Please check all of the following that frighten this pet:

- Babies or toddlers
- Men
- Women
- Teenagers
- School-age children
- Strangers/visitors
- Water
- People in uniform
- Unpredictable children
- Vacuums
- Brooms
- Loud voices/yelling
- Thunder/lightening
- Car
- Erratic or sudden movement
- Fireworks/loud noises
- Veterinarian/groomer
- Other: (please explain) _____

Are there any wonderful, special traits or habits that you would like his/her new family to know about?: _____

Health

Has this pet been seen by a Veterinarian? Yes No

Which Veterinarian / Clinic did you last use: _____

If a dog, does it need to be muzzled at the vet? Yes No

Has your pet been prescribed medication for fear/anxiety/stress? Yes No. If yes; which medication: _____

Has this animal had any surgery? _____

Does this animal have any diagnosed medical conditions/concerns: _____

Diet, Exercise & Play

What *brand* of food did you feed? _____

How often did you feed, and how much? _____

Did you use: Dry food Wet food Combination of both

Does the animal receive "treats" on a regular basis? Yes No

If so, what kind? _____

Does your animal have any allergies or sensitivities to common food ingredients?

Yes No If yes, which ingredients? _____

Experiences with Children

If your animal has never lived with or regularly visited with children, you may skip forward to the next section. Otherwise, please take the time to complete this section with accurate information so that we can

make a safe and responsible placement with children in a new home. Your attention to detail is expected and appreciated.

Did your animal live with children *in your home*? Yes No. Ages: _____

Would you recommend this animal live with children? Yes No
Explain _____

Did your home have children as visitors on a regular basis? Yes No. Ages: _____

Were all interactions between animal and child (ren) supervised by an adult? Yes No
If yes, please explain: _____

Describe your animal's behavior around children and ages of children.

Are there any additional comments you would like to add about the pet that would be helpful to families considering adopting him or her?

ACKNOWLEDGEMENT:

By signing, I acknowledge that I (Print name), _____, have been honest with the Humane Society of the Treasure Coast regarding my ownership of this pet (s), their medical and behavior while in my care. I understand that the Humane Society of the Treasure Coast may reach out to me for follow up.

Client Signature: _____ Date: _____