



Owner Surrender Intake Application

Animal's Name: _____ Case#: _____

Kennel #: _____ Intake By: _____

The following questionnaire provides us with information about how your pet has behaved in many different circumstances while he or she was living with you. Because your pet is likely to behave in similar ways in his new home, this information will help us find the most suitable home and effectively counsel the new family. Your open and honest answers are very necessary and appreciated so that we can do careful and successful adoptions. By signing below, I hereby surrender my animal to the Porter County Animal Shelter (PCAS) and give up any and all claim to said animal. I certify that the information that I am about to provide is accurate and truthful to the best of my knowledge. I further acknowledge that completion of this application does not guarantee acceptance of said animal by PCAS. By submitting this application, you give permission for PCAS to investigate and confirm the information provided. You agree that this information can be shared with other humane societies or rescue groups. You also give permission for any veterinarian providing service to me to release medical information for any/all of my animals, past and present, to PCAS.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

GENERAL & HOUSEHOLD INFORMATION

Animal's Name: _____ Sex: Male Female Age: _____

Breed: _____ How Long Have You Had This Animal: _____

Where Did You Get This Animal: _____

Why Are You Seeking To Give Up Your Pet: _____

What Other Animals Did Your Pet Live With: _____

Including yourself, how many people of the following ages, by gender, live in your house?

Age Range (Yrs)	0-3	4-9	10-17	18-29	30 & Up
Female					
Male					

TYPICAL BEHAVIORS

How does your pet usually behave toward the following?

	Never Encountered	Friendly	Afraid (Hides or Acts Timidly)	Barks Or Growls	Acts Violently (Tries to Bite Or Scratch)	None Of These
People Your Pet Knows						
Men						
Women						
Children						
Unfamiliar People						
Men						
Women						
Children						
Animals Your Pet Knows						
Dogs						
Cats						
Unfamiliar Animals						
Dogs						
Cats						

Where does your pet usually go to the bathroom (i.e. litter box, outside, piddle pads, etc)? _____

Does your pet usually have accidents in the house? YES NO If yes, how many times per week? _____

Where does your pet usually sleep? _____ Is he/she allowed on the furniture? _____

Does your pet know any commands? YES NO If yes, please list: _____

How many hours is your pet left alone, without people, during the week? _____ Hours/Days

Where does your pet stay when you are not at home? _____

AGGRESSIVE BEHAVIOR (Behavior that has EVER happened)

Is there any report of your pet EVER inflicting a serious bite to a person such as an attack or bite that required medical attention? YES NO DON'T KNOW

Please check the appropriate boxes if you pet has EVER shown any of the following aggressive behaviors toward men, women, children, dogs or other domestic animal species (cats or livestock...NOT small pets such as rabbits, hamsters & guinea pigs).

	Growls or Shows Teeth	Snap	Bite or Swat	None of These	Do Not Know
Men					
Women					
Children					
Dogs					
Other Domestic Animals					

If any aggressive behavior was checked in the table above, please answer the following questions:

	Men		Women		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones or rawhides?						
Was it over other toys?						
Was it over stolen objects?						
Was it when the animal was disturbed while sleeping?						
Was it when the animal was being handled (brushing, touching feet, cutting nails, bathing, ear cleaning, etc)?						
Was it when it when the adult or child reached for the animal or tried to pick it up?						

MEDICAL HISTORY A complete medical history must be provided prior to intake.

Has your pet seen a veterinarian annually? YES NO Is your pet spayed/neutered? YES NO

Veterinarian's Name: _____

Does your pet have to be muzzled or sedated at the veterinarian or groomer: YES NO

Please list any past or present medical conditions: _____

Is your pet on any medications or special diet? YES NO If yes, please specify: _____

ADDITIONAL COMMENTS

DOGS ONLY

When left alone, does your dog usually show any of the following behaviors (circle all that apply)?

Destroy Household Items Urinate/Defecate Bark/Cry None

When playing, does your dog typically show any of the following behaviors (circle all that apply)?

Jump Growl Bark Bite Lightly Bite Hard

What toys does your dog like? _____

What games does your dog like? _____

Has your dog ever attended obedience training classes? YES NO

Has your dog ever been walked on a leash? YES NO

Does your dog have problems riding in the car? YES NO If yes, please explain: _____

Has your dog escaped your property two or more times in the last six months? YES NO If yes, please explain: _____

Please tell us your dog's "bad habits": _____
