



## Surrendered Dog Information

Animal Code #

_____	_____
_____	_____
_____	_____

It could cost more than \$100.00 to provide care for this animal.  
That care may include:

**Vaccinations**  
**Medical Tests**  
**Transportation**  
**Food & Basic Care**  
**Training**

**Veterinary Medical Care**  
**Spaying or Neutering**  
**Grooming**  
**Evaluation & Assessment**  
**Possible Euthanasia**

**The Placer SPCA is a private, non-profit organization.  
PLEASE CONSIDER A TAX-DEDUCTIBLE DONATION  
and help us give this animal the best possible chance.**

I can donate:

- \$100.00 to provide for the care of my pet and others.
- \$ 75.00 to provide for the care of my pet.
- \$ 50.00 to provide for the partial care of my pet.
- \$ 25.00 to provide for the partial care of my pet.

---

As owner, or custodian, of the animal described herein, I hereby transfer all right and title of said animal to the Placer SPCA. I further understand and agree that it may be transported to an unaffiliated Shelter Facility at said SPCA's discretion due to health, space, or jurisdictional issues, and/or humanely euthanized if deemed necessary. If I have indicated I would like to know either during or upon completion of the required hold period, this animal is deemed unadoptable, the Placer SPCA will reasonably attempt to notify me. I understand it is ultimately my responsibility to check on the status of this animal during the legally required holding period. It is expressly agreed that neither said SPCA, nor its said Shelter, including Employees of each, shall incur any obligation to provide me an account of the disposition of said animal nor can the Placer SPCA guarantee to hold an animal for redemption beyond the legally required holding period.

**To the best of my knowledge and belief this animal has not bitten any person during the fifteen-(15) days preceding this date, unless otherwise noted hereon.**

OWNER  CUSTODIAN  \_\_\_\_\_

**SIGNATURE**

### **Release Information: (Please print)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
CDL # \_\_\_\_\_ Zip \_\_\_\_\_

## 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 **\$25 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:**

€ Eager to please	€ Comes when called	€ Submissive	€ Snappy
€ Amiable	€ Confident	€ Reserved	€ Predatory
€ Well mannered	€ Independent	€ Escape oriented	€ Destructive
€ Demanding	€ Likes riding in cars	€ Timid	€ Defensive/Protective
€ Vocal	€ Lap dog	€ Sensitive to noise	€ Aggressive
€ Stubborn	€ Outgoing	€ Pushy	€ Mouthy
€ Doesn't obey	€ Digs	€ Shy	€ Attacks/bites people
€ Friendly	€ Jumps up	€ Unruly	€ 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 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? \_\_\_\_\_

Why did you get this dog:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Companion for myself  | <input type="checkbox"/> Companion for another pet | <input type="checkbox"/> Unwanted Gift |
| <input type="checkbox"/> Another family member got the dog   | <input type="checkbox"/> Rescued from the street   | <input type="checkbox"/> Hunting dog   |
| <input type="checkbox"/> Companion for another family member   | <input type="checkbox"/> Working dog               | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Protection: <input type="checkbox"/> Home <input type="checkbox"/> Business |  |  |

Where did you get this dog? \_\_\_\_\_

How long ago? \_\_\_\_\_

History of previous ownership: \_\_\_\_\_

If you obtained this dog as a puppy, how was it raised?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Single Pet                 | <input type="checkbox"/> With another puppy                | <input type="checkbox"/> With adult dog(s)         | <input type="checkbox"/> Inside, people home |
| <input type="checkbox"/> With its mother and litter | <input type="checkbox"/> Inside, alone _____ hours per day | <input type="checkbox"/> Outside day, inside night |  |
| <input type="checkbox"/> With children              | <input type="checkbox"/> Outside all day and night         | <input type="checkbox"/> With other pet(s): _____  |  |

**Housing Information**      *please check all that apply*

<b>When you are home:</b>	<b>When you are away:</b>
<input type="checkbox"/> Inside    Hours: _____	<input type="checkbox"/> Inside    Hours: _____
<input type="checkbox"/> Outside   Hours: _____	<input type="checkbox"/> Outside   Hours: _____
<input type="checkbox"/> Free access inside and outside	<input type="checkbox"/> Free access inside and outside

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? \_\_\_\_\_

When inside is the dog confined?       Yes       No

If yes, how is the dog confined?

- Baby gates       Doors closed       Will not go up / down stairs
- Trained to stay     Crate       Other: \_\_\_\_\_

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? \_\_\_\_\_

Was this dog's housing arrangement successful?       Yes       No

Please explain: \_\_\_\_\_

**Housetraining Information**     *Please check all that apply*

Is this dog housetrained?      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

When is the dog in its crate? \_\_\_\_\_

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? \_\_\_\_\_

Groomer's name and phone number: \_\_\_\_\_

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, **doesn't** allow bathing / grooming
- Growls
- Nips
- Anxious, **does** allow the bathing / grooming
- Must be muzzled to avoid biting
- Must be sedated
- 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 exercise with:

- Adult(s) :  Supervised  Unsupervised
- Child(ren):  Supervised  Unsupervised
- Other dog(s) :  Supervised  Unsupervised
- Other: \_\_\_\_\_  Supervised  Unsupervised

Does this dog receive playtime?  Yes  No

How often does this dog receive playtime? \_\_\_\_\_

Does this dog have playtime with:

- Adult(s) :  Supervised  Unsupervised
- Child(ren):  Supervised  Unsupervised
- Other dog(s) :  Supervised  Unsupervised
- Other: \_\_\_\_\_  Supervised  Unsupervised

Please mark on the scale where this dog's play style falls:

Gentle	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Rough
--------	----------	----------	----------	----------	----------	-------

What kind of toys does this dog like? \_\_\_\_\_

Describe activities you did with this dog:

- Petting
- Bathing
- Playing tug-o-war
- Playing chase
- Rough-housing
- Training games
- Road trips
- Other: \_\_\_\_\_
- Brushing
- 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: \_\_\_\_\_

How often and how much is this dog fed?

- Once daily      Amount: \_\_\_\_\_      Time fed: \_\_\_\_\_
- Twice daily     Amount: \_\_\_\_\_      Time fed: \_\_\_\_\_
- Free fed        Amount: \_\_\_\_\_      Time fed: \_\_\_\_\_

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: \_\_\_\_\_

Leash walking behavior:

- Walks on a loose leash                       Walks on a tight leash                       Pulls on the leash
- Has no exposure to a leash                       Struggles and bites at the leash
- 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 \_\_\_\_\_

How does this dog behave with:

Family		Visitors to the Home		General Public	
Adults	Children	Adults	Children	Adults	Children
<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm	<input type="checkbox"/> Calm
<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly	<input type="checkbox"/> Friendly
<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited	<input type="checkbox"/> Excited
<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful	<input type="checkbox"/> Playful
<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy	<input type="checkbox"/> Shy
<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful	<input type="checkbox"/> Fearful
<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective	<input type="checkbox"/> Protective
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Aggressive

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 end the separation anxiety? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Has this dog 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 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?

- |  |  |
|--|--|
| <input type="checkbox"/> Calm, relaxed                                     | <input type="checkbox"/> Must be restrained                                  |
| <input type="checkbox"/> Growls, procedures <b><u>can</u></b> be completed | <input type="checkbox"/> Growls, procedures <b><u>can't</u></b> be completed |
| <input type="checkbox"/> Will nip  | <input type="checkbox"/> Will bite   |
| <input type="checkbox"/> Must be muzzled                                   | <input type="checkbox"/> Other: _____  |

May we contact your veterinarian?    Yes                       No

**IF YOU HAVE ANY OTHER ANIMALS IN YOUR HOME, PLEASE COMPLETE THE FOLLOWING *FOR EACH PET***

**Pet #1:**

Dog  Cat  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_

How long did this pet live with the incoming pet? \_\_\_\_\_

How did this pet get along with the incoming pet?

- Friendly, no fighting  Indifferent, ignored each other  
 Did not get along, avoided each other  Did not get along, fought with one another  
 Incoming pet picked on Pet #1  Pet #1 picked on incoming pet

Any additional information: \_\_\_\_\_

**Pet #2:**

Dog  Cat  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_

How long did this pet live with the incoming pet? \_\_\_\_\_

How did this pet get along with the incoming pet?

- Friendly, no fighting  Indifferent, ignored each other  
 Did not get along, avoided each other  Did not get along, fought with one another  
 Incoming pet picked on Pet #2  Pet #2 picked on incoming pet

Any additional information: \_\_\_\_\_

**Pet #3:**

Dog  Cat  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_

How long did this pet live with the incoming pet? \_\_\_\_\_

How did this pet get along with the incoming pet?

- Friendly, no fighting  Indifferent, ignored each other  
 Did not get along, avoided each other  Did not get along, fought with one another  
 Incoming pet picked on Pet #3  Pet #3 picked on incoming pet

Any additional information: \_\_\_\_\_