

PET PROFILE: RECEIVING DEPARTMENT

ID # _____

In an effort to help us place your pet in an environment best suited to its needs, please complete this questionnaire as completely and honestly as possible.

Dog: _____ Cat: _____ How long have you owned your pet? _____

Pet's Name: _____ Breed: _____

Age: _____ Sex: Male Female Is your pet spayed/neutered? Yes No

Why are you giving up your pet? _____

When was your pet normally fed? _____ What brand of food? _____

Does your pet live primarily: Inside **OR** Outside **OR** Both

Is there any part of your pet's body that it does not like having touched? _____

Does your pet know any tricks or commands? Yes No What are they? _____

Does your pet have any special habits or preferences? _____

How would you best describe you pet? (Check all that apply.) Friendly Protective

Playful Calm Aggressive Timid Other: _____

- When is your pet aggressive? _____

Has your pet had any past health problems? _____

Who is your current veterinarian? _____

Does your pet dig under or jump fences? Yes No How high is the fence? _____

Has your pet bitten anyone? Yes No When? _____ Why? _____

Is your pet good with: Men Yes No Never been around Don't know
(Check all that apply)

Women Yes No Never been around Don't know

Children Yes No Never been around Don't know

Dogs Yes No Never been around Don't know

Cats Yes No Never been around Don't know

If your pet was around children, how old were they? _____

How would you describe your pet's behavior around children? (Check all that apply.) Friendly Protective
 Playful Calm Active Timid Quiet Other: _____

Other information: _____

OPTIONAL: Please leave your name & phone number in case the future owner of the pet wants to contact you.

Name: _____ Phone # _____

The above information was completed voluntarily by the pet owner and is assumed to be correct. The SPCA of Central Florida, by presenting this information, offers no guarantees as to its accuracy.