

# Owner Relinquish Questionnaire

*Please tell us a little more about your pet so that we may better get to know him/her.*

**Pet's Name** \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Colors/Special Markings: \_\_\_\_\_

Sex:  Male  Female  Spayed  Neutered      Pet's Age \_\_\_\_\_

Pet's Breed (be as specific as possible): \_\_\_\_\_

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How long have you owned pet? \_\_\_\_\_

Where does your pet live during day? \_\_\_\_\_ night? \_\_\_\_\_

**Housebroken?**  Day  Day/Night  Defecates  Litterbox  Marks  Night  Partial  Submissive  Urinates

**Has your pet had any litters?**  Never  Once  Twice  Three  Four  More

**Good in a car**  Carrier  No  Yes      **Good on a leash?**  No  Yes  Pulls  Slips

**Obedience**  Bad  Good  No Training  So-So  Training

**Escapes?**  No  Climbs  Digs  Door Dash  Jumps  Open Gate

**What type of fence do you have**  None  Chain  Wood      Height? \_\_\_\_\_

**How long is your pet left alone?**  > 2 Hours  > 4 Hours  > 8 Hours  > 24 Hours  Never

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## Behavior Characteristics

Destructive?  Chews  Digs  Scratches  Other \_\_\_\_\_

Behavior towards children? \_\_\_\_\_ Ages of Children \_\_\_\_\_

Behavior towards men? \_\_\_\_\_ women? \_\_\_\_\_

Behavior towards dogs? \_\_\_\_\_ cats? \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Any Special Needs/Medical?: \_\_\_\_\_

**If you did not bring along medical records: please give us an idea on last vaccination date or any other important medical history that we need to know:**

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**Owner's Name** \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does your pet have an ID Microchip?  No  Yes  Not sure

Why are you relinquishing your pet today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_