

Animal Intake Form

Animals Name:

Date:

-Name and phone number of veterinarian _____

-Is your animal altered? Yes or No

-Is your animal up to date on vaccinations? Yes or No

Any eyesight or hearing problems? – Yes or No

-Has your dog ever been injured? – Yes or No

-If yes please explain:

Any known allergies? – Yes or No

-Does your dog like to swim? Yes or No

- Does your dog enjoy car rides? Yes or No

-How does your dog like to exercise?

- Ball throwing

-Frisbee

-Jog/run with owner

-Free Roam

-How is your dog off leash?

-Please circle anything your dog is afraid of?

- Loud noises/ voices

-Thunder

-Men

-Women

-Cars

-Veterinarian

- People in uniform

-Certain objects (Broom, Vacuum, etc)

other:

-Please circle or list any bad habits

-Chews furniture/clothing

-Digs holes

-Jumps fences

-Barks excessively

-Bites

-Separation anxiety

-other

-Has your dog ever been aggressive –

- If yes please explain:

-Does your dog tolerate?

Small Children – Yes No Don't Know

Other dogs - Yes No Don't Know

Cats - Yes No Don't Know

Small Animals – Yes No Don't Know

Over please→

-What other animals were in household? (Sex, Breed, Size, Age)

-Age of children in household.

What is your reason for surrendering this animal?

Please feel free to list anything that may not be mentioned above that you feel might be helpful. We need to know as much as possible about this animal so we can place him or her in a suitable home.

