








CANINE PET PROFILE

SPCA Cincinnati will accept the surrender of owned animals from Hamilton County by appointment only.

Availability for intake is dependent upon size. Filling out this form as honestly and completely as you can will help us determine the best type of home for your pet. Please bring this form as well as copies of veterinary records to your scheduled appointment.

Please consider finding your pet another home instead of surrendering him/her to a shelter as it is a much less stressful process for your pet and allows you to play a part in uniting him/her with a new family. This also makes additional space available for pets whose lives are at risk.

WHAT TO BRING WITH YOU AT THE TIME OF YOUR SCHEDULED APPOINTMENT:

-  Your Photo ID
-  Your Pets Medical Records
-  Any Special Food
-  Your Pet's Crate or Carrier
-  Surrender fees discussed with Managed Admissions Specialist

FOR EVERYONE'S SAFETY ALL DOGS MUST BE ON A LEASH

WHAT HAPPENS WHEN YOU ARRIVE AT THE SHELTER?

1. You will present this form and your ID to the SPCA Cincinnati employee assisting you
2. The staff member may ask additional questions to help determine how to best help you and your pet
3. You will sign the surrender form and the fee based on species
4. Accepted forms of payment are cash or debit/credit cards

INTAKE- Walk in or Appointment

Client Name: _____ **Appointment Date:** _____
Address: _____ **Zip Code:** _____
Phone: _____ **Email Address:** _____

ANIMAL

Animal Name: _____ **Species/Breed:** _____
Age: _____ **Sex:** F M S N **Original Source:** _____
Length of Ownership: _____ **Reason for Surrender:** _____

BITE HISTORY- For animals who have bitten

Did the bite break skin? Yes No

If Yes,

Was medical attention sought for the bite? Yes No

What was the level of injury?

- Tooth Scrape
- Shallow puncture wound(s) from a single bite
- Deep puncture wound(s) from a single bite
- Deep puncture wounds from multiple bites
- When did the bite occur? _____

Describe the circumstances surrounding the bite (if play, describe how you were playing)

PET BEHAVIOR QUESTIONNAIRE

Is your dog affectionate? Yes No

Does your dog live with cats: Yes No

If yes, how many? _____

What age/sex? _____

Does your dog live with other dogs? Yes No

If yes, how many? _____

What age/sex? _____

Does your dog like to be held? Yes No

Does your dog like to be near people? Yes No

Does your dog currently live with children? Yes No

If so what ages? _____

Is your dog house broken? Yes No

Is your dog crate trained? Yes No

Is your dog willing to share food and toys Yes No

Does your dog like toys? Yes No

Is yes, what kinds? _____

Is your dog destructive when left alone? Yes No

Does your dog have any fear? Yes No

If yes, what kind? _____

Was your dog kept strictly indoors, outdoors, or both? Indoors Outdoors Both

Is your dog friendly with strangers? Yes No

Does your dog growl or snap over toys, bones, or food? Yes No

Has your dog ever been in a fight with another animal? Yes No

Please Describe:

BEHAVIOR QUESTIONNAIRE CONT.

How does your dog react to:

Being left alone: _____

Strangers: _____

New People: _____

Being Picked Up: _____

The Veterinarian: _____

When your dog is alone, he/she is:

Outside Inside (confined to a room) Inside (Crated) Inside (free roam)

Other, please describe: _____

ANXIETY HISTORY

How long is your dog typically left alone? _____

Do you crate/kennel him/her? Yes No

If yes, what kind of crate/kennel? _____

Does your dog break out of crates? Yes No

Has your dog ever injured itself while crated? Yes No

If yes please describe: _____

How much and what type of exercise and/or enrichment does your dog receive daily?

What behaviors occur when your dog is left alone (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Not Destructive | <input type="checkbox"/> Got into garbage | <input type="checkbox"/> Chews Personal Items |
| <input type="checkbox"/> Chews Furniture | <input type="checkbox"/> Urinates/Defecates | <input type="checkbox"/> Scratches/Chews flooring Near Doors |
| <input type="checkbox"/> Drools/Pants | <input type="checkbox"/> Barks Continuously | <input type="checkbox"/> Scratches/Chews Doors, Windows, Blinds |
| <input type="checkbox"/> Barks Initially and Settles | | |

MEDICAL HISTORY

Current Veterinarian: _____

Is your dog current on Rabies Vaccination? Yes No

Is your dog current on distemper/parvo vaccination? Yes No

Is your dog current on Bordatella vaccination? Yes No

If yes, when were vaccinations received? _____

Does your dog have any medical conditions? Yes No

If yes, what kind? _____

Does your dog have a runny nose or eye discharge? Yes No

Does your dog have hair loss? Yes No

Has your dog been treated for fleas in the last 30 days? Yes No

If yes, what treatment? _____

Is your dog on any medications? Yes No

If yes, what kind? _____

Does your dog have any allergies? Yes No

If yes, what kind? _____