

NON-CAT/DOG PET PROFILE

SPCA Cincinnati will accept the surrender of owned animals from Hamilton County by appointment only. Availability for intake is dependent upon space. 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.

There is a very limited enclosures available for non-cat/dog pets at SPCA Cincinnati 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 fee(s) discussed with Managed Admissions Specialist

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:			
	Email Address:			
ANIMAL				
Animal Name: Species/Breed:				
Age: Sex: F M S	N Original Source:			
Length of Ownership:				
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BITE HISTORY- For animals who have bitten Did the bite break skin?	Yes	No			
If Yes,	□v	□ N ₂			
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)					
DET DELIANGOD QUESTIONNA IDE					
PET BEHAVIOR QUESTIONNAIRE	□Voc	□No.			
Is your pet affectionate? Does your pet live with animals:	Yes □ Yes	∐No □No			
If yes, how many?		<u> </u>			
What age/sex?					
Does your pet live with dogs?	Yes	□No			
If yes, how many?					
What age/sex?					
Does your pet like to be held?	Yes	□ No			
Does your pet like to be near people?	Yes	□No			
Does your pet currently live with children?	Yes	No			
If so what ages?		_			
Is your pet litter box trained?	Yes	□No			
Is your pet declawed/descented?	Yes	No			
Is your pet use a scratching post?	Yes	□No			
Does your pet like toys?	Yes	□No			
Is yes, what kinds?					
Is your pet destructive when left alone?	Yes	□No			
Does your pet have any fear?	Yes	□No			
If yes, what kind?					
Was your pet kept strictly indoors, outdoors, or both?	Yes	□No			
Is your pet friendly with strangers?	Yes	No			
Does your pet growl or snap over toys, bones, or food?	Yes	No			
Has your pet ever been in a fight with another animal?	Yes	L No			
Please Describe:					

BEHAVIOR QUESTIONNAIRE CONT. How does your pet react to: Being left alone: Strangers: New People: Being Picked Up: The Veterinarian: When your pet 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 pet typically left alone? Do you crate/kennel him/her? Is yes, what kind of crate/kennel? Does your pet break out of crates? Has your pet ever injured itself while crated? If yes, please describe: How much and what type of exercise and/or enrichment does your pet receive daily? What behaviors occur when your cat is left alone (check all that apply) Not Destructive Got into garbage Urinates on Personal Items Scratches Furniture Urinates/Defecates Scratches/Chews flooring Near Doors Drools/Pants Continuous Noise Scratches/Chews Doors, Windows, Blinds				
MEDICAL HISTORY Current Veterinarian: Is your pet current on Rabies Vaccination? Is your pet current on distemper vaccination? If yes, when were vaccinations received? Does your pet have any medical conditions? If yes, what kind? Does your pet have a runny nose or eye discharge? Does your pet have hair loss? Has your pet been treated for fleas in the last 30 days? Is yes, what treatment? Is your pet on any medications? If yes, what kind? Does your pet have any allergies? If yes, what kind?	Yes			