

Gaston County Animal Care and Enforcement
Pet Owner Surrender Questionnaire

We need your help to find the best possible home for your pet. Please complete the information below as thoroughly and carefully as possible. Your pet will appreciate it!

General Information

Shelter ID# _____

Pet's name: _____ Pets species: _____ Pet's age: _____ Pet's breed: _____

Male: Neutered male Female Spayed female

Is your pet micro chipped? Yes No Implanted by whom? _____

When implanted? _____

Chip #: _____

Has your pet bitten in the last 10 days? Yes No

Why are you surrendering your pet to the shelter? _____

If the reason is behavior, list the behavior and the things you have tried to solve it.

Where did you get this pet? _____

How long has this pet lived with you? _____

General Lifestyle

- Does/has your pet lived in the house? Yes No
- For how many hours each day does a person interact with your pet? _____
- Do you trust your pet loose indoors, unsupervised? Yes No If no, why?
- Do you trust your pet outside unsupervised? Yes No If no, why?
- What type of confinement do you have? _____
- Is your pet potty-trained? Yes No
- Have you ever used a crate for your pet? Yes No

Dog's Animal History

- What types of animals has your pet lived with? Dogs Cats Other: _____
Please describe how they got along. _____
- Does your pet spend time unsupervised with these pets? Yes No
- When is your pet not good with other animals? _____

Dog's Animal History continued.....

- Does he/she chase: adults kids wildlife cats bicycles cars livestock
- Has your dog ever killed a cat or any other animal? Yes No
- Is your dog aggressively protective of his/her: No Yes if Yes, with what? food home yard kennel or bed Children
- What ages of children has your dog lived with?
Less than 1 year of age 2 years to 5 years 6 years to 13 years 14 to 16 years
Has not lived with children
- How is your dog toward children?: playful friendly tolerant afraid or shy rough
Mildly protective not around children
- Any comments about your dog with children? _____

Other Information

- What are his/her favorite activities? _____
- Has your dog received obedience training? Yes No
Which commands does your dog know? _____

Health

- Who is your pet's veterinarian? _____ At which clinic? _____
- Has your pet been vaccinated within the last year? Yes No
If yes, what vaccines? _____
- Does your pet have a current rabies vaccination? Yes No
- Is your pet receiving any form of flea/tick control? Yes No If Yes, Please specify what type of flea/tick control. _____
- Is your pet on heartworm prevention? Yes No If yes, which preventative? _____
- Does your pet have an illness or condition we should know about? _____

- **Any comments or concerns you may have not addressed above**

