



Long Beach Animal Care Services (LBACS)
Surrender Questionnaire



PROFILE

Pet's name: _____ Age: _____ Weight: _____ Animal Type: _____

Breed(s): _____ Sex: [] Male [] Female. Is your pet altered ("fixed") [] Yes [] No

If so, when and where was your pet altered? _____

How long has this pet lived with you? _____

Where did you acquire your pet (check one):

- [] Gift
[] Found as a stray
[] Purchased online
[] Friend/family was rehoming
[] Adopted from a city or county "pound"
[] Purchased in person from a professional breeder
[] Adopted from a private non-profit rescue organization or humane society

Please provide the name of the agency/company: _____

Why are you surrendering your pet to the shelter (check all that apply)?

- [] Behavioral problems
[] Time Commitment
[] Family Issues
[] Health Issues (your pets)
[] Other: _____

Please explain in your own words why you need to relinquish your pet:

PERSONALITY, BEHAVIOR AND HABITS

Check all that apply to describe your pet's personality:

- [] Friendly [] Fearful [] Stand-offish [] Overly reactive
[] Shy [] Playful [] Aggressive
[] Independent [] Affectionate

Describe your pet's personality in your own words: _____

How would you describe your pet's behavior towards children?

- [] Loves kids and is gentle [] Nervous [] Jumps on them
[] Tolerant [] Scared [] Does not like kids

If your pet does not live with children, how often does your pet interact with children?

If your pet has issues with children, cats or dogs that include growling, showing teeth, hissing, scratching, snapping, please describe how many times and give as much detail as you can: _____

Which behaviors does your pet need improvement on?

- [] Jumping [] Whining [] Trash picking
[] Digging [] Begging [] Counter surfing
[] Barking [] Chewing [] Other

Does your pet have accidents in the house? Yes No. If yes, how often (select all that apply)?

- Daily Occasionally defecate only
 Weekly urine only both

If your pet has accidents, where are the accidents usually located? _____

If your pet has accident only when left alone? Yes No

Does your pet destroy things in the house when left alone? Yes No. How often? 1-2 times per week 1-2 times per month Occasionally Other _____

Has your pet ever lived with children? Yes No. If so, what ages? _____

What is your pet afraid of? _____ Describe your pet's reaction: _____

What is your pet sensitive to? _____ Describe your pet's reaction: _____

What irritates your pet? _____ Describe your pet's reaction: _____

When is your pet inside?

- In the day When s/he chooses Never
 At night Always

How long each day is your pet left alone inside?

- less than 1 hr 1-3 hrs 3-8 hrs 8+ hrs

Is your pet free to roam in the home or confined? Roam Confined in _____

Is your pet crate trained? Yes No Do you still use the crate? Yes No

If you regularly (daily) use a crate to confine your pet, how many hours at a time is typical? _____

When is your pet outside?

- When home alone When s/he chooses When supervised

Do you have a fenced yard? Yes No. If not, do you have: a tie-out electric fence other

How long is your pet left in your yard each day?

- less than 1 hr 1-3 hrs 3-8 hrs 8+ hrs

How do you exercise your pet?

- Let out to play in yard Go for leash walks Play inside

How often is your pet exercised and for how long? _____

How does your pet walk on the leash? Well Pulls Does not walk on leash

Is your pet's behavior different when on leash compared to when off leash when seeing another dog?

- No
 Yes. If so, how? _____

What kind of collar do you use when on a walk?

- Buckle Pinch Other: _____
 Body harness Shock collar
 Head halter Choke chain

What kind of training have you tried?

- Choke chain Treats Clicker
 Electric shock Praise Other: _____

What behaviors does your pet know?

- Sit Shake
 Down Roll over
 Stay Other
 Come

WHAT DOES YOUR PET DO WHEN?	JUMP or CHASE	GROWL or HISS	SNAP or SWAT	BITE	AVOID	HIDE	CALM
Mail carrier/delivery person comes to front door							
Stranger/visitor knocks on front door							
Stranger/visitor comes into the house							
Visitor tries to pet your pet inside the house							
Stranger approaches you while on a walk							
Stranger attempts to pet your pet while on leash with you							
Stranger walks past the care while your pet is inside it							
People walk past home while pet is in front yard							
You or someone goes near food bowl while pet is eating							
You or someone tries to take away toy or treat from pet							
You or someone tells pet to get off the couch							
You or someone touches your pet while sleeping							
You or someone gives your pet a hug							
You or someone bathes or grooms your pet							
You or someone scold or reprimand your pet							
Approached in a friendly way by a larger dog							
Approached in a friendly way by a smaller dog							
Approached in a friendly way by a dog your pet's size							
Approached in a friendly manner by a cat							
A child cries or screams							
A child runs toward your pet							
A child tries to give your pet a hug							
A child tries to pick up your pet							
A child runs past your pet							
A child or someone rides a bike past your pet							
A child is picked up by you in front of your pet							
Your pet, while inside, sees an outdoor cat							
Your pet, while inside, sees a dog							
Your pet, while inside, sees a small animal like a squirrel							

Please check the behaviors your pet has ever displayed. Tell us the last time, and circumstances for each:

- Snarled: once/rarely occasionally regularly. Last time: _____
Circumstances: _____
- Growled: once/rarely occasionally regularly. Last time: _____
Circumstances: _____
- Snapped (bite attempt): once/rarely occasionally regularly. Last time: _____
Circumstances: _____
- Nipped (bite, no broken skin): once/rarely occasionally regularly. Last time: _____
Circumstances: _____
- Bit AND broke skin: once/rarely occasionally regularly. Last time: _____
Circumstances: _____

Has your pet ever fought with another dog? No Yes. If so, How long ago? _____

Describe the incident. Was the other dog injured? No Yes. Was the other dog killed or otherwise not survive? No Yes. Describe the incident: _____

Has your pet ever killed a prey animal such as a rabbit, bird, squirrel, mouse, rat, etc.?

No Yes. If so, describe the incident:

CATS ONLY

What type of litterbox and litter does your cat prefer (check all that apply)?:

- | | | | |
|------------------------------------|----------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Covered | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Sand | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Uncovered | <input type="checkbox"/> Pellets | <input type="checkbox"/> Dirt | |

How many litter boxes do you have? _____ Where are they located? _____

Thank you for giving your pet their best chance and entrusting us with them. Please complete the veterinary history form. Please tell us anything else you would like us to know about your pet.