

Tallahassee-Leon Community Animal Service Center Pet History Form

Please help us attempt to find your pet a good, permanent home by completing this questionnaire.
Thank you!

Date: _____	Process # _____	
Who has been your veterinarian for this pet?	_____	
How long have you had this pet?	_____	
What vaccinations has your pet had?	_____	
When are these vaccinations again due?	_____	
Is your pet spayed/neutered?	___ Yes	___ No
Which heartworm preventative do you use?	___ Daily	___ Monthly
If monthly, when is the next dosage due?	_____	
Did your pet live with children?	___ Yes	___ No
If so, what ages were the children?	_____	
Where was the pet kept?	___ Indoors ___ Outdoors ___ Fenced ___ Chained	
Reactions to:		
Men:	___ Very Nice	___ Friendly
	___ Neutral	___ Bashful
	___ Fearful	___ Aggressive
Women:	___ Very Nice	___ Friendly
	___ Neutral	___ Bashful
	___ Fearful	___ Aggressive
Children:	___ Very Nice	___ Friendly
	___ Neutral	___ Bashful
	___ Fearful	___ Aggressive
Other Pets:	___ Very Nice	___ Friendly
	___ Neutral	___ Bashful
	___ Fearful	___ Aggressive
Comments:	_____	
Section For Dogs Only		
How is the dog's obedience?	___ Great	___ Good
	___ Fair	___ Poor
Obeys:	___ Come	___ Sit
	___ No	___ Stay
	___ Down	___ Heel
Is the dog 100% housebroken?	___ Yes	___ No
	Explain: _____	
How does the dog indicate a need to go out?	_____	
Check any behaviors your dog exhibits:		
___ Urinates in the house	___ Defecates in the house	___ Chews
___ Digs	___ Bites	
___ Fights with other pets	___ Jumps on people	___ Has car sickness
___ Jumps or climbs fences	Other: _____	
If you are giving your pet up because of what you believe is an irreversible discipline problem, please indicate which obedience school you attended so that we, or the new owner, can contact the trainer on any specific problems: _____		

Section For Cats Only

Is the cat 100% litter box trained? Yes No Explain: _____

Check any behaviors your cat exhibits:

Urinates in the house Defecates in the house Chews Bites Sprays

Fights with other pets Scratches furniture Scratches People

Has car sickness Other: _____

Other Pet Habits:

What is your pet's feeding schedule? Free Access Set Time (when): _____

What brand of food is your pet accustomed to eating? _____

Does your pet enjoy baths and grooming? Yes No

How often is your pet groomed? _____

Please make any other comments on your pet's behavior that would help us find a suitable home!
