

Date: _____

**NORTH SHORE PET LEAGUE QUESTIONNAIRE
FOR THE SURVIVING PET CARE PROGRAM**

Please answer the following questions in regard to your pet (complete 1 form per pet). Your answers will help us to place your pet in the best possible home for its temperament. Please be specific.

Your Name: _____

This Pet is a: Cat / Dog (Please circle one) Pet's Name and Breed: _____

DOB of Pet: _____ Pet's Age: _____ Time owned: _____ Pet is: Male / Female (Please Circle one)

Veterinarian's Name _____ Veterinarian's Phone # _____

Is the pet altered? Please check one of the following:

Yes _____ No _____

Spayed _____ Neutered _____

Please check any of the following, which would best describe the pet's behavior:

- | | | |
|--|--|---|
| <input type="checkbox"/> Housebroken | <input type="checkbox"/> Destructive | <input type="checkbox"/> Not good with cats |
| <input type="checkbox"/> Litter-trained | <input type="checkbox"/> Possessive with food | <input type="checkbox"/> Not good with other cats |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Possessive with toys | <input type="checkbox"/> Not good with dogs |
| <input type="checkbox"/> Barks a lot | <input type="checkbox"/> Not friendly with strangers | <input type="checkbox"/> Not good with other dogs |
| <input type="checkbox"/> Play biting, rough play | <input type="checkbox"/> Does not like men | |
| <input type="checkbox"/> Calm and relaxed | <input type="checkbox"/> Does not like women | |

Where is your pet kept during the day?

- Inside, but confined to _____
- In the garage Inside with free run of the house
- Inside behind a gate Outside
- Inside behind a closed door Inside and Outside
- Inside in a crate or cage Free to roam in and out as pleases through cat or dog door

Has your dog been off leash with other dogs? How did he/she behave?

Has your cat been around any new or visiting cats? How has he/she/they behaved?

Are there any children in the house?

Yes _____ No _____ Their ages? _____

How old is the YOUNGEST child this pet has been in contact with? _____

How did the pet behave with any children?

How does this pet behave at the vet's office? Do you usually need to muzzle or sedate the pet for vet visits? _____

If the pet needed sedation for the visit, which sedative (drug) was used?

If you have a dog being placed in the Surviving Pet Care Program; list any commands or phrases the dog knows _____

Does your pet like car rides? _____

What type of food have you been feeding your pet? _____

Please explain your pet's daily schedule (feeding/exercising times, etc.)

Does your pet like any type of treat? And how often would they be given this treat?

Does your pet have any favorite type of toy or type of game that your pet likes to play?

Is your pet afraid of anything? (Thunder, lightning, firecracker, etc.)

How is your pet with grooming? (Baths, ear cleaning, nail clipping, etc.)

My Pet would be Happiest in a Home with: Please check (3)

Children: Yes _____ No _____

Dog: Yes _____ No _____

Cat: Yes _____ No _____

My Pet would prefer a Home in the:

City _____ Suburbs _____

Do you have any other comments that would help us place your pet in the proper home?
