



Owner Surrender Intake Interview Form

Interviewer: _____

APPOINTMENT	
DATE: ___/___/_____	TIME: ___:___ PM

General Information

Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone Number: _____ E-mail Address: _____

Alternate Number: _____

Pet's Name: _____ Species: Cat Dog Other: _____

Sex: Female Male Spayed/Neutered: Yes No Age: _____

Color: _____ Pattern: _____ Breed: _____

Does your pet have a microchip? Yes No Location the chip was implanted: _____
Microchip Number: _____ Microchip Company: _____

If your pet has more than one chip or a tattoo, please note the relevant details: _____

Does your pet have any distinguishing marks or features? _____

Does your pet have any allergies, health problems or injuries? Yes No
If yes, please describe: _____

Does your pet have any special needs?
 Blind Deaf Injured Sick Heartworms Has Seizures Pregnant Bottle Fed
 Other (explain): _____

Is your pet on any medications? Yes No



If yes, please describe: _____

How long have you had your pet? _____

Where did you acquire your pet? _____

Are you obligated to return your pet to the person/organization you received him or her from? Yes No

Veterinary clinic that your pet frequented: _____ Phone Number: _____

Name of the person that the records are under: _____

What issues are you having with keeping your pet?

Behavior (jumping, barking, destructive, not house trained etc.)

Cannot Afford (food, veterinary care, training, boarding etc.)

Change in family (divorce, new baby, homeless etc.)

Pet illness Moving Housing

Health of owner Allergies Neglect

Euthanasia Request (Please explain): _____

Please explain the situation in greater detail:

How can we help you with the issues that you are having with your pet?

If we could help you re-home your pet, would you consider housing your pet until a new home is found allowing them to stay in a familiar environment with their family, while they await their new family?

Yes No

If yes, what is the maximum time limit you can house your pet during this search? _____

Personality Profile



What is your pet's personality like? (check all that apply):

- | | | | |
|---------------------------------------------------------------------|---------------------------------------|-----------------------------------|----------------------------------------|
| <input type="checkbox"/> Likes to cuddle | <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Active | <input type="checkbox"/> Hyper |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Destructive | <input type="checkbox"/> Shy | <input type="checkbox"/> Loves to Play |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Fearful | <input type="checkbox"/> Friendly | |
| <input type="checkbox"/> Makes noises a lot (i.e. barking, meowing) | | | |

Where does your pet sleep? _____

What does your pet eat? (check all that apply):

- Canned food Dry food Homemade diet Raw diet Prescription
 Other (please explain): _____

What is your pet's favorite treats? _____

Home Environment and Behavior

Describe your pet's behavior around children (check all that apply):

- | | | | |
|--------------------------------------------------------|------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Never been around children | <input type="checkbox"/> Unpredictable | <input type="checkbox"/> Rough | <input type="checkbox"/> Resource guarding |
| <input type="checkbox"/> Gentle | <input type="checkbox"/> Bossy | <input type="checkbox"/> Too rough for children | <input type="checkbox"/> Avoids Children |
| <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Ignores | <input type="checkbox"/> Watches over children | <input type="checkbox"/> Too active |
| <input type="checkbox"/> Nervous/Scared | <input type="checkbox"/> Snappy at times | | |
| <input type="checkbox"/> Other (please explain): _____ | | | |

What human family members has your pet lived with? (check all that apply):

- Adult Men Adult Women Senior Citizens Teenagers Children (what ages): _____

Please check all the animals your pet has lived with (check all that apply):

- Male Dog Female Dog Male Cat Female Cat Birds Rabbits/Guinea Pigs
 Reptiles Other (what kind): _____

Describe your pet's behavior around dogs (check all that apply):

- | | | | |
|--------------------------------------------------------|----------------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Never been around dogs | <input type="checkbox"/> Scared | <input type="checkbox"/> Friendly/Playful | <input type="checkbox"/> Resource guarding |
| <input type="checkbox"/> Ignores | <input type="checkbox"/> Bossy | <input type="checkbox"/> Respectful | <input type="checkbox"/> Loves to Play |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Submissive | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Protective of home | <input type="checkbox"/> Protective when out | | |
| <input type="checkbox"/> Other (please explain): _____ | | | |

Describe your pet's behavior around cats (check all that apply):



- Never been around cats Scared Friendly/Playful Affectionate
 Ignores Bossy Aggressive Loves to Play
 Rough Submissive
 Other (please explain): _____

Where was your pet kept when no human members of your family were home (check all that apply):

- Free run of home Crated Yard Confined to one room Tied outside on chain/runner
 Other (please explain): _____

Does your pet have accidents in the house often?

- Yes No Sometimes

If yes, how long is your dog left alone? _____

Has your pet ever bitten a person?

- Yes No

If yes, what date was the incident: _____

Please explain the circumstances: _____

Has your pet ever bitten another animal?

- Yes No

If yes, what date was the incident: _____

Please explain the circumstances: _____

Is your pet frightened of anything? (check all that apply):

- Men Teenagers Women Strangers Cars
 Fireworks Thunder/ Lightning Bikes/Skateboards Yelling/Loud noises Vacuum
 Children Vet/Groomer
 Other (please specify): _____

What do you like most about your pet?

Does your pet have any quirks or habits that you are fond of?

Additional Dog Information

Is your dog crate trained?

- Yes No

If yes, how long each day? _____

What method of housetraining does your dog know? (check all that apply):

- Paper trained/wee wee pads Doggy door Crate trained Bells on/by door
 Other (please explain): _____



Has your dog had any behavior training? Yes No

If yes, what type of training has your dog had? (check all that apply):

- Puppy Class Home Training Obedience classes Private Training

What behavior or tricks does your dog know? (check all that apply):

- Walks well on leash Doesn't jump on people Comes when called Sit
 Stay Down Shake/Paw Fetch
 Rollover Other (please specify): _____

What type of exercise does your dog receive on a regular basis? (check all that apply):

- Leash walks Hiking Running/Jogging Plays fetch
 Dog Park Play in yard Plays with other dogs No exercise
 Other (please describe): _____

What is your dog's favorite toy? (check all that apply):

- Ball Frisbee Stuffed Squeaky
 All toys None Other (please specify): _____

How does your dog react when someone does all of the following? (check all that apply):

	Friendly	Isn't Bothered	Afraid	Barks	Growls	Bites	Unknown
Touches food bowl while eating							
Takes bone, rawhide, or treat							
Takes toy or other object away							
Pushes/pulls dog off furniture							
Gives dog a bath							
Trim dogs' nails or touches dogs'							
Brushes dogs' coat							
Holds or restrains dog							
Unfamiliar approaches your house							
Unfamiliar approaches you or a							
Disturbs while sleeping or resting							
When you pick up the dog							

Additional Cat Information

Is your cat declawed? Yes No

Does your cat use a litter box? Yes No Sometimes

If sometimes, how often does the cat make mistakes? _____

How many litter boxes does the cat have access to? _____



What type of litter did this cat use? (circle all that apply):

Clumping Clay Sand-like Scented Unscented

What type of litter box did this cat use? (circle all that apply):

Covered Uncovered Other (please specify): _____

What is your cat's favorite toy? (circle all that apply):

Stuffed mice Catnip Toys Laser pointer Feather/String wands
All toys None Other (please specify): _____

Does your cat have any of the following behavioral issues? (circle all that apply):

Scratching furniture Spraying Escaping outside Swatting aggressively
Jumping on counters Chewing electric cords Climbing curtains Chewing plants
Other (please specify): _____

How does your cat like to play? (circle all that apply):

Plays gently, does not usually use teeth or claws Likes to play in or around water
Likes to play rough, may bite or scratch Likes to learn tricks for treats
Likes to chase & pounce with variety of toys Likes to play with other cats
Likes things that crackle, such as paper bags Likes to play with dogs
Likes to play hide & seek Not interested in play
Will fetch items like bottle caps or toys Chases bugs or moths
Other (please specify): _____

What areas of your home did the cat have access to? (check all that apply):

Outdoors only Indoors at night Basement Outdoors in warm weather Screened in porch
Indoors only Garage Indoors in cold Indoors with access to outside Barn or shed

Where did your cat spend most of his or her time? (check all that apply):

Bedroom Kitchen Livingroom Barn or shed With people
Garage Basement At the window Outdoors only

Other (please specify): _____



WISH LIST

Monetary

Select us as your charity at <http://smile.amazon.com/>
Donate online at <http://humanesocietycc.org/donate/#>
Send us items directly at goo.gl/9dMrHI
Gift cards to Home Depot, Lowes, Walmart, and Target
Donations to the T.N.R. fund to help feral cats

Dog Food

Purina One puppy and adult dry dog food
Canned white chunked chicken no salt
White instant rice
Canned dog food
Milk bones/biscuits
PetAg Esbilac puppy milk replacer powder

Cat Food

Purina One kitten and adult dry cat food
Canned paté cat and kitten food
Soft and crunchy treats
PetAg KMR kitten formula
Canned tuna no salt

Larger Items

Agility equipment
Grounds beautification items
50-foot water hoses
Benches
Cat exercise wheel
Snow shovels
Snow melt
Wall-mounted brochure holder
Grooming kit

Linens

Flat sheets
Towels
Wash clothes
Blankets (non-fiber filled)
Cat beds
Cardboard flats
Paper towels
Disposable bowls
Scrub brushes
Brooms and Mops
Hand sanitizer
Hand soap

Cleaning Items

Clorox wipes
Laundry detergent
Bleach

Toys

Nyla bones, Kong balls, Kongs, rope throws, frisbees,
plastic swimming pools
Small animal toys
Cardboard scratch pads, cat tunnels, small toys

Other

Small animal food and treats
No-Sorb Oil Dry from Tractor Supply used for litter
Batteries
Office supplies
Heating pads
Newspaper
Stainless steel dishes
Newspapers without the plastic coating

WE CAN ALWAYS USE ENTHUSIASTIC VOLUNTEERS TO HELP US CARE FOR THE ANIMALS AND HELP WITH ADOPTIONS.

Humane Society of Charles County

71 Industrial Park Drive, Waldorf, MD 20602

301-645-8181

HSCC greatly appreciates all donations that help us to care for the area's animals in need. HSCC utilizes high quality dry foods without dyes to avoid gastrointestinal problems. We also help supply pet food to local owners in need of assistance. Food other than the ones specified for HSCC dogs and cats will be promptly distributed to help these families.