



HUMANE SOCIETY
OF CHARLES COUNTY

Owner Surrender Intake Interview Form

Interviewer: _____

APPOINTMENT

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

HUMANE SOCIETY OF CHARLES COUNTY

71 Industrial Park Drive
Waldorf, MD 20602

Front Desk: 301-645-8181 Fax: 301-632-6905

OFFICE HOURS

Sunday – Tuesday 12:00PM – 5:30PM

Wednesday Closed

Thursday – Saturday 12:00PM – 5:30PM

Before coming to your appointment, please consider the following:

- Visit our "[Surrendering Your Pet](#)" Webpage to see if you can re-home your pet.
- If you adopted your pet from a rescue, please reach out to that rescue. Most reputable rescues will accept adopted pets back into their rescue to rehome.
- The intake counselor may be able to assist you in finding a solution for the reason that you feel the need to surrender your pet. Counseling can be provided over the phone or e-mail before making the final decision to surrender your pet.
- If you are looking to surrender your pet in order to have your pet euthanized, please contact Tri-County Animal Shelter to inquire about free to low-cost euthanasia services by calling 301-932-1713.

During your appointment:

- We do require that the animal's owner sign over custody of the pet to HSCC at time of surrender. You must be over the age of 18.
- The appointment will take approximately 30 minutes for a single pet. We will also allocate time to address any questions or concerns you might have. Appointments may take more time than approximated should the pet need additional time while completing the medical exam.
- If you are surrendering a feline or puppy, please alert a front desk staff member that you have arrived for your appointment to allow an intake staff member to assess the health of the animal before entering the building.

Please bring the following to your appointment:

- A valid form of ID of the owner with a photo (e.g. driver's license, work badge)
- Medical records for your pet
- Any current medications for your pet
- Additional items that you would like to leave with them such as special food, toys, crates

What Happens Next?

While at our shelter, all animals receive necessary veterinary care, nourishment, exercise. There is no set time limit for how long an animal can remain in our adoption program. As long as an animal maintains general good health and sound temperament, we will keep a pet as long as we have the space available. Unfortunately, there are times when there is no space and animals will be transferred to another local shelter, however, our goal is to find adopters for all of our animals.



General Information

Owner's Name: _____

Street Address: _____

State: _____ Zip: _____

City: _____

County: _____

Phone Number: _____ E-mail Address: _____

Alternate Number: _____

Pet's Name: _____ Species: Cat Dog

Other: _____

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

Spayed/
Neutered:

Pattern

Breed: _____

Color: _____ : _____

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 you can house your pet during this search?

Personality Profile

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

Likes to cuddle

Couch Potato

Active

Hyper

Affectionate

Destructive

Shy

Loves to Play

Independent

Fearful

Friendly

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):

- Never been around children Unpredictable Rough Resource guarding
 Gentle Bossy Too rough for children Avoids Children
 Friendly/Playful Ignores Watches over children Too active
 Nervous/Scared Snappy at times
 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):

- Never been around dogs Scared Friendly/Playful Resource guarding
 Ignores Bossy Respectful Loves to Play
 Rough Submissive Aggressive Affectionate
 Protective of home Protective when out
 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/ Lightening 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 rough, may bite or scratch
- Likes to chase & pounce with variety of toys
- Likes things that crackle, such as paper bags
- Likes to play hide & seek
- Will fetch items like bottle caps or toys
- Other (please specify): _____
- Likes to play in or around water
- Likes to learn tricks for treats
- Likes to play with other cats
- Likes to play with dogs
- Not interested in play
- Chases bugs or moths

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): _____