



People for Animal Welfare in El Dorado County

PET PLACEMENT QUESTIONNAIRE

Date completed: _____		By: _____	
Owner name:		Pet's name:	
Address:		Breed/Description:	
City/State/Zip:		Age	Gender M F
		Heartworm tested and on preventative? Y N	
Day phone:	Eve. Phone:	Vaccinations current? Y N	Spayed/Neutered? Y N Age altered: _____

1. How did you acquire this pet? _____
 2. How long ago? _____
 3. Why do you need to find it another home? _____
 4. Is there a specific timeframe in which you need to find the pet another home? ___ Yes ___ No. If yes: date: _____
 5. Has pet ever bitten anyone? ___ Yes ___ No
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6. Any health or behavior problems? ___ Yes ___ No
If yes, describe: _____
 7. What is pet's typical routine? Day: _____ Night: _____
 8. For dogs:
 - Has dog had any formal training? ___ Yes ___ No
 - Is dog housebroken? ___ Yes ___ No ___ Don't know
 - How often is dog exercised? _____
 - Does dog have separation anxiety? ___ Yes ___ No
 - Is dog protective with: ___ food ___ toys ___ other: _____
 9. Is pet good with:
 - Dogs: ___ Yes ___ No ___ Don't know
 - Cats: ___ Yes ___ No ___ Don't know
 - Children: ___ Yes ___ No ___ Don't know
 - Livestock: ___ Yes ___ No ___ Don't know
 10. Any special issues you have experienced with the pet/other