



DOG OWNER RELINQUISHMENT QUESTIONNAIRE / MEDICAL HISTORY CONSENT FORM

To provide the best care for your pet, it is necessary to have your pet's behavioral and medical histories available for review. Please complete the following information so we may get to know your pet better and obtain their medical records from your veterinarian. Signing this form does not waive or reduce any fees past or present from the Irvine Animal Care Center.

DOG'S NAME	AGE	BREED / MIX	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOUSEHOLD TYPE <input type="checkbox"/> SINGLE DOG HOUSE <input type="checkbox"/> MULTI-DOG HOUSE		WHAT IS THE REASON FOR RELINQUISHING YOUR DOG?	

QUESTIONNAIRE

- Is your dog spayed/neutered? YES NO If YES, when? _____
- Are you the first owner? YES NO If NO, indicate how many owners the dog has had: _____
- Do you have other pets? YES NO If YES, indicate type/breed(s):

- Where did you obtain your dog? _____ How long ago? _____
- Does your dog have any food allergies?

- How does your dog behave around your family? Indicate ages and numbers of adults and children in household.
 - Around strangers? _____
 - Around children? _____
 - Around other animals? _____
- Where does your dog live? INSIDE OUTSIDE BOTH _____% INSIDE _____% OUTSIDE
- Is your dog crate trained? YES NO
- Is your dog house trained? YES NO MOSTLY

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10. Has your dog had obedience training? PUPPY CLASS BASIC CLASS 1-ON-1 PROFESSIONAL TRAINING

11. Does your dog go to a dog park? YES NO If YES, how often per week/month? _____

12. Can your dog walk on a leash? YES NO

13. How often does your dog go on walks per day/week? _____

14. Has your dog ever seriously bitten or scratched anyone? YES NO If YES, how many times? _____

Describe the circumstances below (be specific):

15. What are some of your dog's favorite games, toys, or activities?

16. Is your dog relaxed when left alone? YES NO

17. What else should we know about your dog?

18. Who is your dog's current veterinarian? Provide veterinarian name and hospital name.

19. Does your dog have any current or past health issues? If so, please explain:

HOUSE TRAINING

If you are experiencing problems with HOUSE TRAINING, answer the following questions.

1. Does your dog urinate, defecate, or both inside your home? YES NO If YES, how often? _____

2. How long does your dog stay alone during the day? _____

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HOUSE TRAINING PROBLEMS (continued)

3. For how long during the day is the dog confined? _____
4. Has your dog been checked by a veterinarian to rule out medical problems that could cause this problem? YES NO
5. What methods have you already tried to resolve the house-soiling problems?

BARKING

If you are experiencing problems with BARKING, answer the following questions .

1. Does your dog bark while on walks? YES NO If YES, explain below:

2. Does your dog bark at visitors? YES NO If YES, explain below:

3. Does your dog bark when you are home or only when you are gone? _____
4. What have you done to address the barking?

DESTRUCTIVENESS

If you are experiencing problems with DESTRUCTIVENESS, answer the following questions.

1. What items does your dog destroy?

2. Is your dog's destructiveness due to chewing, clawing, or something else?

3. Is your dog destructive when you are home, away from home, or both?

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DESTRUCTIVENESS (continued)

4. What toys or companions does your dog have to play with when you are not home?

5. Does your dog inflict injury on himself by: CHEWING LICKING TAIL-CHASING

ESCAPING

If you are experiencing problems with ESCAPING, answer the following questions.

1. Does your dog escape through open doors/gates or from an enclosed yard/house?

2. How does your dog escape (i.e. digs under fence, jumps over fence, breaks through fence, etc.)?

3. Describe the fencing material that surrounds your yard (type and height).

I GIVE PERMISSION TO THE IRVINE ANIMAL CARE CENTER TO CONTACT MY VETERINARIAN AND OBTAIN MY PET'S MEDICAL HISTORY.

SIGNATURE*

PRINT NAME*

DATE

VETERINARIAN NOTE: Please fax all records to the Irvine Animal Care Center at 949-724-7749, ATTN: Veterinary Care Team. For more information, please call us at 949-724-7740.

FOR OFFICE USE ONLY

STAFF NOTES:
