

PAWS ACROSS PITTSBURGH

HUMANE ANIMAL RESCUE



Request for Placement Questionnaire

Please fill out this form to the best of your ability. Your answers will help us get to know the animal and ensure we place it in the best foster/permanent home possible. Choose One: Surrender: ___ SAFE: ___

Owner's Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Animal Information

Cat: ___ Dog: ___ Other: _____

Name: _____ Breed: _____ Gender: _____ Age: _____

Spayed/Neuter (yes or no) _____

Why are you surrendering the animal? _____

How long have you had the animal? _____

Where did you get the animal? _____

Is the animal microchipped? _____ If yes, provide details? _____

Animal Medical Information

Has this animal bitten in the last year? _____

Does this animal have any known medical issues? _____ If yes, what: _____

What vet clinic do you use? _____ Phone: _____

What type of food do you feed the animal? _____

Does the animal have any food allergies? _____

How does your animal respond to?

Cats: _____ Dogs: _____

Strangers: _____ Children: _____

Has your animal ever injured another animal? _____ If yes, explain: _____
