



BARCS Intake Questionnaire

Owner/Finder Information:

Name:

Date of Birth:

Driver's License or ID#:

Address:

County/City:

Zip Code:

Phone Number:

Have you ever been to BARCS before? If so, what for?

Animal Information

Name:

Species:

Breed:

Age:

Color:

Coat (short, medium, long):

Size (small, medium, large):

Sex:

Spayed/Neutered:

Microchip:

Why are you needing to surrender your animal?

What resources or support services might allow you to keep your animal?

Where did you get your animal?

How long have you had your animal?

Is your animal indoor/outdoor/both?

Where does your animal spend most of its time?

How would you describe your animal's personality?

What does your animal enjoy?

What does your animal dislike?

Are there any favorite toys?

Was your animal exposed to children?

If so, what ages? And how did they do?

How does your animal react to strangers inside or outside the home?

Was your animal exposed to small dogs, large dogs, cats, or other animals? (circle all that apply)

If so, how did they do?

Any history of aggression?

If so, please elaborate:

Did your animal bite/scratch a person or animal while in your care? If yes:

What was the date of the most recent incident?

Did your animal draw blood?

Did you/the victim seek medical treatment? Where?

Describe the incident:

Extended Behavior Questions:

Dogs –

Is your dog house broken?

Is your dog able to be kenneled or crated?

Has your dog had any training?

Does your dog know any commands?

Does your dog walk well on a leash?

Can you take your dog's food from him/her?

Can you take toys or bones from your dog's mouth?

Does your dog like attention (petting or belly rubs)?

Cats –

Does your cat use the litter box?

If not, does your cat urinate, defecate, or both outside the litter box?

How frequently are they having accidents?

Where are they having accidents?

Have there been any recent significant changes in your household (i.e. new pet, new child, recent move, vacation, changes in litter)?

What type of litter are you using?

How many litter boxes do you have?

How often are they cleaned? (separate questions)

Where are the litter boxes located?

Have the litter boxes been recently moved?

Does your cat use a scratching post?

Does your cat like attention (petting or to be held)?

Medical Questions:

Name and phone number of your animal's primary veterinarian?

When were the animal's last vaccines given and where?

How does your animal behave at the vet?

Has your pet been boarded overnight before?

If so, how did they do?

Any known medical conditions?

Any known allergies (food, medications, or vaccines)?

Is your animal currently on any medications? If so, please list them below:

What veterinarian prescribed them? For what condition(s)?

When did they start medications and how often do you give them?

Can you provide the meds or the prescription/dosage?

Any itching/chewing/licking?

If so, what parts of the body are affected? Has it spread?

How long has this been going on?

Has there been any vomiting or diarrhea?

How long has this been going on?

When was the last time?

Any time of day (after they eat, an event, car ride, etc.)?

What type of food are you feeding the animal and how often?

Have there been any changes to your animal's diet, including people food?

How is your animal's appetite and water intake?

Has your animal been coughing or sneezing?

How long has this been going on?