



Date: _____

**FOUREVERLOVED QUESTIONNAIRE
FOR OUR BELOVED PET CARE PROGRAM**

If you would please take a minute of your time to answer the following questions as accurately as possible (complete 1 form per pet). This will help us to keep your beloved pet in as close to the same environment as your home.

Your Name: _____

This Pet is a: Cat / Dog (Please circle one)

Pet's Name and Breed: _____

DOB of Pet: _____ Pet's Age: _____ Time owned: _____

Pet is: Male / Female ~ Spayed / Neutered (Please Circle one)

Veterinarian's Name _____ Veterinarian's Phone # _____

Please check any of the following, which would best describe the pet's behavior:

___ Housebroken ___ Destructive ___ Not good with cats

___ Litter-trained ___ Possessive with food ___ Not good with other cats

___ Quiet ___ Possessive with toys ___ Not good with dogs

___ Barks a lot ___ Not friendly with strangers ___ Not good with other dogs

___ Play biting, rough play ___ Does not like men

___ Calm and relaxed ___ Does not like women

Where is your pet kept during the day?

___ Inside, but confined to _____

___ In the garage

___ Inside with free run of the house

___ Inside behind a gate

___ Outside

___ Inside behind a closed door

___ Inside and Outside

___ Inside in a crate or cage

___ Free to roam in and out as pleases through cat or dog door

Has your dog been off leash with other dogs? Yes _____ No _____

How did he/she behave?

Has your cat been around any new or visiting cats? Yes _____ No _____

How has he/she/they behaved?

Are there any children in the house?

Yes _____ No _____

Their ages? _____

How old is the YOUNGEST child this pet has been in contact with? _____

How did the pet behave with any children?

My Pet would prefer a Home in the:

City _____ Suburbs _____

How does this pet behave at the vet's office?

Do you usually need to muzzle or sedate the pet for vet visits?

If the pet needed sedation for the visit, which sedative (drug) was used?

If you have a dog being placed in our Beloved Pet Care Program; list any commands or phrases the dog knows:

Does your pet like car rides? _____

What type of food have you been feeding your pet? _____

Please explain your pet's daily schedule (feeding/exercising times, etc.)

Does your pet like any type of treat? And how often would they be given this treat?

Does your pet have any favorite type of toy or type of game that your pet likes to play?

Is your pet afraid of anything? (Thunder, lightning, firecracker, etc.)

How is your pet with grooming? (Baths, ear cleaning, nail clipping, etc.)

My Pet would be Happiest in a Home with:

Children: Yes _____ No _____

Dog: Yes _____ No _____

Cat: Yes _____ No _____

Please add additional comments in the space provided that would help us keep your beloved pet in a loving environment?

**Our Family at FourEverLoved would like to Thank You
for the opportunity for making sure your beloved pet is**

FourEverLoved