

Kane County Animal Control



Animal Care Questionnaire

This questionnaire is designed to help the staff of Kane County Animal Control create a fear free environment for your animal the instant they walk through the door. The more information we gather about their unique medical and behavior needs, the quicker we can create a veterinary and enrichment plan tailored to their specific needs.

Date: _____

Pet's Name: _____

Species: Dog Cat Other

Reason for Release: _____

Where did you get your pet? _____

Has your pet seen a veterinarian? Yes No If yes, what is the name of their most recent veterinarian? _____

Does your pet have any health problems? Yes No If yes, please explain: _____

Is your pet on any medication? Yes No If yes, please explain: _____

Does your pet have any behavior problems? Yes No If yes, please explain: _____

Does your pet have any favorite toys, treats, or activities? _____

Does your pet know any basic commands or tricks? Please list: _____

Does your pet understand any languages other than English? Yes No If yes, which languages? _____

Please check all that apply:

My pet has lived with: Adult Men Adult Women Older Children (12-18)
 Young Children (pregnancy-11) Cats Dogs Other: _____

My pet gets along well with: Adult Men Adult Women Strangers Older Children (12-18)
 Young Children (pregnancy-11) Cats Dogs Other: _____

Is there anything else we should know to help your animal? _____

