

SAMPLE FORM

_____ PROGRAM Screening Form

Name of Client _____

Date expected to enter program _____

Phone # _____

DV SHELTER Contact Person & Phone # _____

1. Pet(s) Description

Pet's Name	Species	Breed	Sex	S/N	Age	Weight

2. Veterinarian's Name and phone# _____

3. Is your pet up to date on vaccines? _____

4. Special needs, diet, or medication: _____

5. Does your pet get along with other cats? _____ dogs? _____

6. Is your pet aggressive towards people? _____

7. Does your pet get along with children? _____

8. Is your pet housetrained? _____

9. Other behavioral problems _____