

Owner Surrender Dog Profile

Please answer these questions accurately, truthfully, and with the greatest detail possible. This will help us better place the animal.

Has this animal bitten any person or animal in the last ten days? Yes No

If yes, was this reported to law enforcement, animal control, or the health department? Yes No

If yes, what jurisdiction was the report made? _____

If yes, please describe the circumstances: _____

Pet Information

Dog Name: _____ Age: _____ Breed: _____

Color/Markings: _____ Microchip #: _____

Female Spayed Female Male Neutered Male

Has your dog ever bitten any person or animal? Yes No If yes, did it break skin? Yes No

Please explain: _____

How long have you had this dog? _____ Where did you get this dog? _____

If you rescued/adopted, what was the name of the facility? _____

Have you tried rehoming this dog? Yes No

Why are you surrendering your dog today? (Please be as detailed as possible, this will help us best place the dog)

If we could help you resolve this issue, would you be interested in keeping this dog? _____

Lifestyle

What family members did this dog live with? (Check all that apply):

Adult men Adult women Senior citizens Children (ages): _____

How does this dog behave around family members? _____

Describe this dog's behavior around children: _____

Would you recommend placing this dog in a home with children? Yes No

What areas of the home did this dog have access to? (Check all that apply):

Indoor only Outdoor only Indoor/Outdoor Indoor w/ access outside

Garage or basement Barn/shed

How many hours a day is this dog home alone? _____ Is this successful? _____

Where does this dog stay when home alone?

Crate Loose in house Outside Garage/basement Confined in a room

How did you confine your dog when/if outside?

Fenced (What type: _____) Kennel Leashed

Has your dog ever escaped confinement? Yes No

If yes, please explain: _____

What other animals has this dog lived with? (Check all that apply):

Male cats (Altered? **Y / N**) Female cats (Altered? **Y / N**) Male dogs (Altered? **Y / N**)

Female dogs (Altered? **Y / N**) Small mammals Other: _____

Describe this dog's behavior around other animals: _____

Would you recommend placing this dog in a home with other cats/animals? Yes No

How many times a day is this dog fed? _____ What and how much do you feed? _____

Behavior & Personality

How would you describe this dog? _____

How energetic/active is this dog? Please explain: _____

Has this dog displayed any food aggression/resource guarding? Yes No

How is this dog around strangers? (Never-met-a-stranger, fearful, shy, etc): _____

Is this dog house trained? Yes No

Does this dog know any commands/have any training? Yes No

If yes, what does this dog know? (Check all that apply):

- Sit Stay Lie down Give paw Recall
 Other: _____

How does this dog walk on a leash?

- Level 1: Walks well on leash, little to no concerning behavior
 Level 2: Can pull on leash, may have some behaviors
 ○ Behavior to watch out for: _____
 Level 3: Very strong on leash, needs an experienced handler, may have some behaviors.
 ○ Behavior to watch for: _____
 Level 4: Reactive and insecure on leash, needs training

Medical History

Does this dog have any known medical issues? Yes No

If yes, please explain: _____

Is this dog up-to-date on vaccines? Yes No

Is this dog on any medication or have any special dietary needs? Yes No

If yes, please explain: _____

Who is this dog's regular veterinarian? _____

Please be aware that if you have not brought medical records today, we will call to request records for proof of vaccination and any pertinent medical history, if applicable.

By signing the line below, I certify that I am the legal owner of the animal represented in this questionnaire, and that all information provided is accurate and truthful.

Signature: _____ Date: _____