



DOG SURRENDER QUESTIONNAIRE

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Please fill out this form as completely as possible. No one knows and loves your dog the way you do. To help us find the best new home for your dog, please provide as much detail as possible about the likes, dislikes, history, and vet care of your canine friend. Behavioral and medical issues do not necessarily create problems, but failing to disclose them certainly does.
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Dog's Name: _____ Dog's Approximate Age: _____

Dog's Sex: Male Female Is your dog spayed/neutered? Yes No Unsure

What kind of I.D. does your dog have? _____

Tattoo: If so, where is it located? _____

Microchip: If so, who is it registered to? _____

How long has your dog lived with you? _____

Why are you surrendering or returning your dog?

Medical concerns Behavior concerns Lifestyle changes

STAFF ONLY

If the reason is behavior, explain the behavior and the things you have done to try to solve it: _____

If we could help resolve the issues, would you be interested in keeping the dog? Yes No

Where did you get this dog? HSSW Breeder Stray Friend/Family Newspaper/Craigslist

Pet store Born in my home Another shelter _____ Other _____

Your Dog's Lifestyle

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How many hours is your dog left alone? 0-3 4-6 7-10 Over 10

Was this successful? Yes No

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How many hours a day does the dog interact with people? 1-2 2-4 4-6 6-10 Over 10

Where does your dog stay when you are not home? Inside (free rein) Indoor crate

Outside (free rein) Outside kennel Other _____

Explain how your dog was confined to your property when outside: Fenced yard

Electronic Pet Containment (what type) Kennel Tied out (chain or runner) Dog house

Never outside Offleash Other _____

Do you have a fully-fenced yard? Yes No

If yes, please check all that apply: Chain link Wood Invisible fence Brick/concrete

How high is the fence? _____ feet

Where does the dog sleep at night? (check all that apply): Loose inside the house In garage Outside

In child's room On my bed On dog bed Confined to one room In adult's room Crate

On couch or chair Other _____

Would you trust your dog loose in the house unsupervised? Yes No

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Is this dog housetrained? Yes No Almost (started training)

If no, check all that apply: Urinates inside home daily Urinates inside home occasionally

Defecates inside home daily Defecates in home occasionally

Do your dog's housetraining accidents most happen when: (check all that apply)

When dog is not closely supervised When dog is overexcited When dog is not kept on a schedule

When dog signals to be let out and is ignored When dog is left alone for too long When dog is sleeping

Other: _____

Did you crate train the dog? Yes No

If yes, how long did the dog spend in the crate each day? _____

Can your dog be left outside unsupervised? Yes No

STAFF ONLY

- Is your dog permitted to sit/sleep on furniture? Yes No
- Does the dog jump up on people when greeting them? Yes No
- Is the dog constantly underfoot when food is present? Yes No
- Does the dog beg at the table or in the kitchen? Yes No
- If yes, is the behavior rewarded with food? Yes No

Behavior & Training

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Please tell us about the tricks and habits you have taught your dog (check all that apply)

- Basic obedience commands Come when called Play fetch Walk on a loose leash
- Ride nicely in a car Greet visitors politely Take treats gently Get off and on the furniture when asked
- Wait for food Other _____

What words does the dog understand? Sit Stay Down/Lay Come Leave it Drop it

Wait Off Fetch Shake No commands Other: _____

Does your dog run after cars, bikes or pedestrians? Yes No

STAFF ONLY

Describe the dog's behavior in the car (check all that apply)

- Loves it Calm Afraid but ok Gets car sick Protective of car Nervous Hates it Tolerates it
- Dog never rides in car Other: _____

Does the dog raid the trash or other similar mischief? Yes No

Will the dog steal unattended food/objects from tables/counters? Yes No

How does your dog walk on a leash? Loosely Pulls a little Pulls a lot Never been on a leash

Please check all of the following that frighten your dog: Babies or toddlers Men Women

School-age children People in uniform Water Unpredictable children Vacuums Fireworks

Thunder/Lightning Loud voices/yelling Loud noises or bangs Veterinarian or groomer

Other: _____

STAFF ONLY

Other Animals

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Please check all the animals that the dog has lived with:

- Male dogs Female dogs Male cats Female cats
 Small Animals _____ Livestock _____
 Other: _____

Do you consider your dog to be dog-friendly? Yes No

STAFF ONLY

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

Do you consider your dog to be cat-friendly? Yes No

STAFF ONLY

Has your dog has been around livestock? (chickens, goats, horses, cattle, etc.) Yes No

STAFF ONLY

Children/Family

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Has your dog lived with children? Yes No

What ages of children has your dog lived with? (check all that apply) Under 6 6-11 12-16 16 and over

Did your home have children as visitors on a regular basis? Yes No

If yes, what were the ages of the children? _____

Will the dog accept examination? (having ears lifted and tugged, having tail held or grabbed, fur scrunched or grabbed by children's hands?) Yes No

STAFF ONLY

How will your dog react to a child approaching when he/she is sleeping?

STAFF ONLY

Would you recommend this dog live with children? Yes No

Would you recommend this dog live where children visit on a regular basis? Yes No

Does your dog tolerate meeting new children? Yes No

Will the dog allow children to touch their food without getting upset? Yes No

Does the dog try to take food from children when it is not offered? Yes No

Will the dog take treats offered by the child gently? Yes No

Have your children fed/watered your dog on a daily basis? Yes No

Health, Grooming & Diet

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Did this dog see a veterinarian on a regular basis? (at least once a year) Yes No

Which clinic was the dog seen at? _____

Is the dog current on vaccinations? Yes No

If no, which ones are due? _____

Is your dog comfortable at the vet or groomer? Yes No

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Does your dog require any medication on a regular basis? Yes No

If yes, what kind and for what condition? _____

Does the dog allow you to clip his/her nails? Yes No

Does the dog like to be brushed? Yes No

Are there places that he/she does not like being brushed or petted? Yes No

If yes, where? _____

Has this dog ever been hit by a car or required major surgery? Yes No

If yes, when and what happened? _____

Has this dog ever been diagnosed/treated for any of the following, not including preventative medication?

(check all that apply)

Heartworm Disease Lyme Disease Heart Murmur Tumors Epilepsy/Seizures Skin allergies

Thyroid Disease Cancer Arthritis Cataracts Irritable bowel Lupus Food allergies

Entropion eye Environmental allergies Hip/elbow dysplasia Ear infections Eye infections

Other illness/condition _____

What brand of food does your dog eat? _____

How much and how often? _____

Would you consider your dog to be a picky eater? Yes No

If yes, please explain _____

Does your dog have any diagnosed allergies/sensitivities to any grains or ingredients? Yes No

If yes, to what? _____

Is your dog on any flea treatment? Yes No

If yes, what kind? _____

Exercise & Play

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What are the dog's favorite kinds of toys? (check all that apply)

Shows no interest in toys Frisbee Rocks Plastic bottles Tennis/rubber ball Rope toys

Shoes Children's toys Plush/Stuffed toys Kong Squeaky toys

Other: _____

What does your dog do with his/her toys? (check all that apply)

Carries around in mouth Shreds/tears apart Tosses or whips back and forth Plays "Keep Away"

Chews them Retrieves for owner Buries or hides them Comfort behavior (licking/cuddling/suckling)

Other: _____

What are your dog's favorite treats? _____

What type of exercise does the dog receive on a regular (several times a week) basis?

- Accompanies owner jogging
- Walking on a leash
- Vigorous play
- Running on a leash
- Swimming
- Dog Park
- Plays with other dogs
- Plays with kids
- Plays with adults
- Agility or herding work
- Accompanies owner walking/hiking
- No exercise at all
- Dog Day Care
- Other: _____

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Describe your dog's play style with people (check all that apply)

- Play's gently
- Does not use teeth or body strength
- Prefers fetch
- Prefers to chase
- Tends to herd
- Tends to nip
- Jumps and uses mouth in play
- Plays physically
- Games quickly escalate out of control
- No interest
- Other: _____

Bark & Bite History

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Has your dog snapped and not made contact? Yes No

Has your dog bitten without breaking skin or leaving a mark? Yes No

Has your dog bitten and left a bruise? Yes No

Has your dog bitten and broken skin? Yes No

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Date of last incident: _____

Level: _____

Does your dog growl/bark at adult or child family members, strangers, or visitors? Yes No

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Does your dog growl, snap, or bite at people approaching their area, toys, or food? Yes No

STAFF ONLY

Does your dog growl, snap, or bite at other animals approaching their area, toys, or food? Yes No

STAFF ONLY

What do you love most about your dog? Please describe endearing qualities, favorite characteristics or habits.

What else would you like us to know about your dog?

STAFF ONLY

Staff Use Only | Profile reviewed with patron by: _____

Comments: _____

Call back requested? Yes No