



Date Received: _____

DOG PROFILE SURRENDER QUESTIONNAIRE

Please fill out this form as completely as possible. No one knows your dog better than you. To help us find the best new home for your dog, please provide as much detail as possible about the behavior, medical history and veterinary care of your canine friend.

Dog and Owner Information

Dog's Name: _____ Dog's Approximate Age: _____ Birth Year: _____

Breed: _____ Coloring: _____

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

Is your dog microchipped? ___ Yes ___ No Microchip Number: _____

Company: _____ Who is it registered to? _____

Does your dog have a tattoo? ___ Yes ___ No If yes, where is it located? _____

How long has your dog lived with you? _____

Owner Name: _____

Address: _____

Phone: _____ Email: _____

Surrender Information

Why are you surrendering or returning this dog? _____

If the reason is behavior, explain the behavior and the actions you have taken to solve it:

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

Where did you get this dog? ___ Breeder ___ Stray ___ Pet Store ___ Newspaper/Craigslist
___ Friend/Family ___ Born at home ___ Shelter or Rescue: _____

If you got your dog from a breeder, what is the name and location of the breeder?

Have you attempted to return the dog from where you obtained it? ___ Yes ___ No

If yes, what was the reason they did not take it back? _____

Have you contacted any rescue groups that might help rehome your dog? ___ Yes ___ No

If yes, what was the reason they were not able to help you? _____

Your Dog's Lifestyle

How many hours a day is your dog left alone? _____ How many days per week? _____

Does your dog tolerate this well? ___ Yes ___ No If no, why not? _____

How many hours a day does the dog interact with people? _____ ___ Daily ___ Varies

Where does your dog stay when you are not home? ___ Inside (free rein) ___ Indoor Crate
___ Outside (free rein) ___ Outside kennel ___ Other: _____

Where does your dog spend his/her time when you are at home? ___ Inside (free rein)
___ Indoor Crate ___ Outside (free rein) ___ Outside kennel ___ Other: _____

Explain how your dog was confined to your property when outside: (check all that apply)
___ Electronic Pet Containment System (what type): _____

___ Kennel ___ Fenced yard ___ Tied out ___ Dog House ___ Never left outside
___ Other: _____

Type of fencing? ___ Chain Link ___ Wire Mesh ___ Wood ___ Invisible ___ Brick/Concrete
___ Decorative Metal How high is the fence? _____

Can your dog be left outside unsupervised? ___ Yes ___ No
If no, why not? _____

Where does the dog sleep at night? (check all that apply)
___ Free rein in the house ___ Garage ___ Outside ___ In child's room ___ In adult's room
___ On dog bed ___ On my bed ___ Confined to one room ___ Crate ___ On furniture
Other: _____

Is this dog housetrained? ___ Yes ___ No ___ In Training
If not house trained, 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)
___ Not closely supervised ___ Overexcited ___ Sleeping ___ Not kept on a schedule
___ Dog signals to be let outside but is ignored ___ Dog is left alone for too long
Other: _____

How have you addressed this problem? (check all that apply)
___ Consulted vet/trainer ___ Paper training ___ Confined to an area ___ Kept dog outside
___ Rubbed nose in it ___ Yelled at dog ___ Hit dog ___ Blamed myself and did nothing
___ Made dog feel guilty ___ Acted "mad" at dog ___ Read up on housetraining methods
Other: _____

Is the dog crate trained? ___ Yes ___ No How long was dog in the crate each day? _____

Have your ever boarded your dog while away? ___ Yes ___ No

Type of service: (check all that apply)
___ House/Pet Sitter ___ Private boarding facility ___ Veterinarian ___ Animal shelter

How did your dog react to you being away? _____

Is your dog permitted to be on furniture? Yes No

Does the dog jump up on people when greeting them? Yes No Occasionally

Is the dog constantly underfoot when food is present? Yes No Occasionally

Does the dog beg at the table or in the kitchen? Yes No Occasionally

If yes, is the behavior rewarded with food? Yes No

Behavior & Training

What training/activities did you participate in with your dog? (check all that apply)

Obedience Agility Flyball Herding Therapy Dog Fieldwork
 Schutzhund Weight Pull Hunting Other: _____

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 Wait for food
 Walk on a loose leash Ride nicely in a car Greet visitors politely
 Take treats gently Get on/off the furniture when asked Other: _____

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

Drop it Wait Off Fetch Shake No Other: _____

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

If yes, what does the dog do when he/she gets to them? _____

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

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

When in vehicle, is dog: Loose Crated Behind barrier In truck canopy

Is the dog destructive if left alone inside the home? Yes No Occasionally

If yes, please check all that apply: Chews woodwork/walls Chews furniture

Chews clothing/shoes Gets into trash Chews on door/window frames

Other: _____

Does the dog raid the trash or get into mischief? Yes No Occasionally

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

If yes, how have you addressed the problem? _____

How does your dog walk on a leash? Collar Harness Loosely Pulls a little

Pulls a lot Never been on a leash Depends on situation: _____

Is the dog protective or possessive of any of the following? (Check all that apply)

Food (to other pets) Toys (to other pets) Food (to people) Toys (to people)

Of his/her body Of owner/family Of property Other: _____

Please check all of the following that frighten your dog:

Babies/toddlers Men Women School-age children Unpredictable children
 People in uniform Veterinarian/groomer Bicycles Motorcycles Water
 Vacuums Fireworks Thunder/Lightning Loud voices/yelling
 Loud noises or bangs Other: _____

Interaction with Other Animals

Describe the dog's behavior around other dogs: (check all that apply)

Never been around dogs Adores dogs Friendly/Playful Depends on dog
 Aggressive with all dogs Has bitten another dog/drawn blood Gentle/Submissive
 Frightened Ignores or is indifferent Aggressive with same sex dogs Bossy

Other: _____

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

If no/maybe, please explain why: _____

Describe the dog's behavior around cats: (check all that apply)

Never been around cats Respectful/Friendly/Playful Aggressive Fearful
 Ignores or is indifferent Gentle/Submissive Chases for fun Chases to harm
 Has killed a cat Other: _____

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

If no/maybe, please explain why: _____

If your dog has been around livestock, what was his/her reaction? (check all that apply)

Little/No reaction Chases (playful) Chases (aggressive) Fearful
 Herds (appropriate) Herds (aggressive)

Type of Livestock: _____

Has dog bit/killed livestock: Yes No

Please explain: _____

Would you recommend placing the dog in a home with livestock? Yes No Maybe

If no/maybe, please explain why: _____

Additional comments on how your dog is with other animals:

Children and Family

Has your dog lived with children? Yes No

What ages of children has your dog lived with? (check all that apply)

0-3 yrs. 3-6 yrs. 6-11yrs. 12-16 yrs. 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 allow handling by children younger than 6 years old (having ears lifted/tugged, tail held/grabbed, fur scrunched/grabbed)? Yes No

Has a child ever tripped over, stepped on, or fallen on your dog? Yes No

If yes, what was the dog's reaction? _____

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

Is your dog possessive over where he/she sleeps? Yes No

If yes, what does he/she do? _____

Would you recommend this dog live with children? Yes No

Why or why not? _____

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

Describe your dog's behavior around children: (check all that apply)

Never been around children Friendly/Playful Gentle Nervous/Frightened

Snappy at times Avoids children Watches over children Indifferent

Too active Aggressive Unpredictable Excited Adores children

Too large for small children Has bitten a child Tries to bite children

Other: _____

Will the dog allow a child to touch its food without reacting? Yes No Unsure

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

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

Does the dog hover nearby when the child has food? Yes No Stops if corrected

Has a child ever fed/watered your dog? Yes No

Does your dog allow children to brush/hug/pet it? Yes No

Please describe your dog's reaction to the following happening around him/her:

A child running: _____

A child falling down: _____

A child jumping, hopping, etc.: _____

A child yelling or screaming: _____

A child swimming: _____

A child waving arms or other unexpected movements: _____

Health, Grooming & Diet

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

Veterinarian/Clinic name: _____

Is the dog current on vaccinations? Yes No

If no, which ones are due? _____

How does the dog react at the vet? _____

Does the dog need to be muzzled at the vet? Yes No
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 your dog ever been professionally groomed? Yes No
If so, how did the dog behave? _____
Has your dog ever been hit by a car? Yes No
If yes, please explain when, what happened and type of injuries? _____

Has this dog ever been diagnosed/treated for any of the following: (check all that apply)
 Heartworm Disease Lyme Disease Heart Murmur Tumors Arthritis
 Epilepsy/Seizures Skin allergies Thyroid Disease Cancer Cataracts
 Irritable bowel Lupus Food allergies Entropion eye Ear infections
 Environmental allergies Hip/elbow problems Dysplasia 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 allergies/sensitivities to any grains or ingredients? Yes No
If yes, to what and what symptoms? _____
Is your dog on any flea treatment? Yes No
 Advantage Frontline Revolution Other: _____

Exercise & Play

What are the dog's favorite kinds of toys? (check all that apply)
 Shows no interest in toys Frisbee Plastic bottles Tennis/rubber ball
 Rope toys Shoes Children's toys Plush/Stuffed toys Kong Rocks
 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
 Comfort behavior (licking/cuddling/suckling) Other: _____

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

Running/Jogging Walking Hiking Vigorous play Swimming
 Dog Park Plays with dogs Plays with kids Plays with adults Agility
 Herding work Doggie Day Care No exercise at all
 Other: _____

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

Plays gently Does not use teeth or body strength Prefers fetch Tends to herd
 Prefers to chase Games quickly escalate out of control Tends to nip Jumps
 Plays rough, but stops when told Uses mouth in play Plays physically
 No interest Other: _____

Describe your dog's play style with other dogs: (check all that apply)

Plays chase with little/no body contact Plays hard with body contact
 Herds/nips others to get them to move Mirrors other dog
 Shares toys and plays with other dogs Likes to play with smaller dogs
 Has to be in charge of play Likes to play with gentle dogs
 Hangs out with dogs rather than play Will play with all dogs
 Can play with more than one dog Barks constantly
 Can hang out with more than one dog Aggressive to all dogs, does not play
 Other: _____

Dog Bite or Aggression Information

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

If no, why not? _____

Please check the following if it applies to your dog:

Adult family members: Growled Barked Snapped Bitten Never

Please explain: _____

Child family members: Growled Barked Snapped Bitten Never

Please explain: _____

Strangers at door: Growled Barked Snapped Bitten Never

Please explain: _____

Visiting adults: Growled Barked Snapped Bitten Never

Please explain: _____

Visiting children: Growled Barked Snapped Bitten Never

Please explain: _____

Vet or groomer: Growled Barked Snapped Bitten Never

Please explain: _____

People near his/her area: Growled Barked Snapped Bitten Never

Please explain: _____

People near his/her food/toys: Growled Barked Snapped Bitten Never

Please explain: _____

Animals near his/her food/toys: Growled Barked Snapped Bitten Never

Please explain: _____

Has your dog ever bitten a person? ___ Yes ___ No

Please check all that apply:

___ Snapped (did not make contact)

___ Minor Bite (but neither drew blood nor left bruising)

___ Major Bite (broke skin/drew blood/bruising)

Was the bite reported? ___ Yes ___ No If yes, date: _____

Please explain circumstances, injuries, etc.: _____

Has your dog ever bitten an animal? ___ Yes ___ No

If yes, type of animal(s): _____

Was the bite reported? ___ Yes ___ No If yes, date: _____

Please explain circumstances, injuries, etc.: _____

Additional Comments:

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

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

Office Use Only

Profile reviewed with Owner by: _____ Date: _____

Dog evaluated at Shelter by: _____ Date: _____

Comments: _____

Surrender Approved: ___ Yes ___ No

Approved/Denied by: _____

Reason for Denial: _____

If approved, dog intake scheduled for: _____

Received:

___ Signed Owner Surrender/Release of Ownership

___ Medical/Veterinarian Records

___ Papers if Registered

___ Miscellaneous: List below