

Dog Surrender Questionnaire



Has this dog bitten anyone or any animal in the past 10 days? Yes No

If yes, please stop and inform the staff!

General Information

Dog's Name: _____ Sex: Male Female Age: ____ years ____ months

Breed: _____ How long have you had this dog: ____ years ____ months

Is the dog spayed/neutered? Yes No

Your relationship to the dog? Owner Friend/Caretaker Foster

Other: _____

Where did you get this dog from? This shelter Friend/relative Newspaper/website Breeder

Found/stray Pet store Other shelter/rescue (list name): _____

Other (please describe): _____

Including yours, how many homes has this dog had? _____

Reason(s) for having to re-home/surrender your dog? _____

Personality Profile

What is your dog's personality and behavior like? (check all that apply)

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Likes to cuddle | <input type="checkbox"/> Couch potato | <input type="checkbox"/> Active | <input type="checkbox"/> Hyper | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Shy | <input type="checkbox"/> Independent | <input type="checkbox"/> Fearful | <input type="checkbox"/> Loves to play |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Barks a lot | <input type="checkbox"/> Unruly | <input type="checkbox"/> Protective and possessive | |
| <input type="checkbox"/> Escapes yard | <input type="checkbox"/> Friendly to people | <input type="checkbox"/> Friendly to other dogs | <input type="checkbox"/> Digs | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Chews | <input type="checkbox"/> Calm | <input type="checkbox"/> Likes water/swimming | |
| <input type="checkbox"/> Likes riding in cars | <input type="checkbox"/> Submissive wetter | <input type="checkbox"/> Reserved | <input type="checkbox"/> Shy | <input type="checkbox"/> Whines |
| <input type="checkbox"/> Growls | <input type="checkbox"/> Plays fetch/playful | <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Chases cats | <input type="checkbox"/> Likes treats |
| <input type="checkbox"/> Walks well on leash | | | | |

Is your dog frightened of anything? (check all that apply):

- | | | | | |
|--|--------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Thunder/lightning | <input type="checkbox"/> Men | <input type="checkbox"/> Teenagers | <input type="checkbox"/> Women | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Cars | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Bikes/skateboards | <input type="checkbox"/> Yelling/loud noises | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Children | <input type="checkbox"/> Vet/groomer | <input type="checkbox"/> Other dogs | | |
| <input type="checkbox"/> Other (please explain): _____ | | | | |

What do you like most about your pet? _____

Does your pet have any quirks or habits that you are fond of? _____

What is your dog's favorite toy? (check all that apply)

- Ball Frisbee Stuffed animal Squeaky toy Tug toy
 None Other (please explain): _____

What games does your dog like? (check all that apply)

- Fetch Tug Chase Wrestling None
 Other (please describe): _____

Please tell us your dog's "bad habits" _____

Lifestyle and Home Life

Including yourself, how many people of the following ages live in your household? (Please fill in the boxes)

Age range (years)	Female	Male
0-3		
4-9		
10-17		
18-29		
30-59		
60+		

Please check all the animals your dog has lived with:

- Male dog Female dog Male cat Female cat Birds Rabbits/Guinea Pigs Reptiles
 Other (what kind)? _____

Is your dog allowed on furniture? Yes No

Where does your dog usually sleep at night?

- Crate Floor Dog bed Couch Owner's bed Kid's room Gated room
 Has free roam of the house Other (please describe): _____

Has your dog escaped your property two or more times in the last 6 months? Yes No

If yes, please describe: _____

Explain how your dog was confined to your property when outside: (check all that apply)

- Never left outside Fenced yard Tied up Dog house Kennel
 Electronic Pet Containment System (what type): _____
 Other (please explain): _____

Type of fencing: Chain link Wire mesh Wood Invisible Brick/concrete Decorative metal

How high is the fence? _____ Can your dog jump the fence? Yes No

Can your dog be left outside unsupervised? Yes No

If no, why not? _____

Have you 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? _____

Where does your dog spend most of his/her time?

Inside the house/runs free Inside the house, in cage Outside the house, runs free in the neighborhood
 Outside the house, runs free in the yard Outside the house, in cage Outside the house, tied
 Other (please explain): _____

How long is your dog left alone, without people, during the week?

Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

When your dog is left alone, is he/she...

Outdoors in a fenced yard Confined to a room In a crate Free room of home
 Other (please explain): _____

Dog Behavior and Training

To your knowledge, has this dog ever bitten or killed a person or animal? Yes No

If yes, please list date and circumstances of each incident and initial.

Date	Circumstance	Initials

How does your dog usually behave towards the following: (check all that apply)

	Never encounter	Friendly	Afraid	Shows teeth/growls	Snaps	Bites	None of these
People your dog knows							
Men							
Women							
Children							
Unfamiliar people							
Men							
Women							
Children							
Animals your dog knows							
Dogs							
Cats							
Unfamiliar animals							
Dogs							
Cats							
Other domesticated animals							

If a snap or a bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while the dog was in severe pain? Yes No

If a snap or a bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while the dog was in severe pain? Yes No

Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

Does your dog usually uncontrollably chase or attempt to chase any of the following? (Check all that apply)

- Joggers Bicycles Skateboarders/roller bladers Cars/motorcycles
 Squirrels/small animals Outdoor cats Birds Doesn't chase
 Other (please explain): _____

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

- Never been around children Unpredictable Rough Resource guarding Gentle
 Bossy Too rough for children Ignores Avoids children Too active
 Watches over children Friendly/playful Nervous/scared Snappy at times
 Other (please explain): _____

This dog does NOT like the company of: small children other dogs cats other

Please explain if any of the above are checked: _____

This dog is overly protective of: family its food/toys/treats own property

How does your dog usually react when an unfamiliar person approaches or enters the yard or house?

- Friendly Afraid Barks Shows teeth/growls Snaps Bites None of these

How does your dog react when someone does the following? (check all that apply)							
	Friendly	Isn't bothered	Afraid	Barks	Growls	Bites	Unknown
Touches food bowl while eating							
Takes bone, rawhide, or treat							
Takes toy or other object away							
Pushes/pulls dog from furniture							
Gives dog a bath							
Trim dog's nails or touches dog's feet							
Brushes dog's coat							
Holds or restrains dog							
Unfamiliar person approaches your house							
Unfamiliar person approaches you/family member							
Disturbs dog while it's sleeping or resting							
When you pick up the dog							
Child reaches/tugs on dog							

How does your dog react when you or another family member touches your dog's: (check appropriate boxes)	No reaction	Never tried	Allows	Lunges	Shows teeth	Growls	Snaps	Bites	Other (please explain)
Head									
Ears									
Mouth									
Collar									
Paws or feet									
Tail									
Rear end									
Belly									

How does your dog usually react when you or another family member does the following? (check all that apply)

	Never tried	Enjoys	Allows	Afraid	Shows teeth/growls	Snaps	Bites	None of these
Bathe								
Brush								
Wipe feet								

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

- Never been around dogs
 Scared
 Friendly/playful
 Resource guarding
 Ignores
 Loves to play
 Bossy
 Protective of home
 Respectful
 Rough
 Submissive
 Aggressive
 Protective when out
 Affectionate

Other (please explain): _____

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

- Never been around cats
 Scared
 Friendly/playful
 Affectionate
 Ignores
 Loves to play
 Bossy
 Aggressive
 Respectful
 Rough
 Submissive

Other (please explain): _____

When left alone, does your dog usually show any of the following behaviors? (check all that apply)

- Destroy household items
 Urinate/defecate
 Bark
 Cry
 None of these

When you are home, does your dog usually show any of the following behaviors? (check all that apply)

- Destroy household items
 Urinate/defecate
 Bark
 Cry
 None of these

When your dog plays, does he/she typically... (check all that apply)

- Jumps
 Growls
 Barks
 Bites lightly
 Bites hard
 None of these

Is the dog house trained? Yes No In training

If yes: Uses paper or special pads Fenced yard Walks outside

Does your dog let you know it needs to go outside? Yes No

If yes, how does it let you know? _____

If not house trained... (check all that apply)

- Urinates inside home daily
 Urinates inside home occasionally
 Defecates inside home daily
 Defecates inside home occasionally

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

- Not closely supervised Over-excited Sleeping Not kept on a schedule
 Dog signals to be let outside is ignored Dog is left alone for too long No accidents
 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 house training methods
 Other: _____

Is the dog crate trained? Yes No

How long was the dog in the crate each day? _____

Is the crate: Metal Plastic

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

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

If yes, how have you addressed the problem? _____

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

- Loves it Calm Afraid but okay Gets car sick
 Nervous Hates it Sleeps Tolerates it
 Protective of car Dog never rides in car

Other: _____

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

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 Chews on door/window frames
 Gets into trash Other: _____

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

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 (explain): _____

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: _____

Training:

- Obedience class Home training Private professional training No formal training

What behavior, tricks or commands does your dog know? (check all that apply)

- Walks on leash Sit Doesn't jump on people Comes when called Heel
 Shake/paw Speak Stay Down/lay down Fetch
 Rollover Come Other (please explain): _____

What type of exercise does your dog receive on a regular basis? (check all that apply)

- Leash walks Hiking Running/jogging Plays fetch Dog park
 Plays with other dogs Plays in yard No exercise
 Other (please explain): _____

Medical History, Health, and Diet

Does your dog see a veterinarian at least once a year? Yes No

If yes, please specify the veterinarian's name and contact info:

Veterinarian's Name: _____ Contact info: _____

Check if your dog has ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer.

	Never done	Show teeth/growl	Snap	Bite	None of these
Examination (including heart and ears)					
Restraint					
Administer shots					
Trim nails					
Take blood					

Does your dog have to be muzzled at the veterinarian? Yes No

Does your dog have any past or present medical conditions? Yes No

If yes, please describe: _____

Is your dog currently on monthly heartworm preventative? Yes No

If yes, what kind? Iverheart Heartgard Other: _____

Is your dog currently on any flea treatment? Yes No

If yes, what kind? Nexgard Frontline Seresto collar Other: _____

Is your dog currently experiencing any of these conditions? (check all that apply)

- Blind Deaf Demodex mange Sarcoptic Mange
 Diarrhea Constipation Hair loss Rapid weight loss/gain
 Loss/increase in appetite Increase/decrease drinking Vomiting Unusual lumps

Has your dog been diagnosed with or treated for any of these? (check all that apply)

- Ear infections Food allergies Skin allergies Worms
 Eye infections Heat stroke Bloat/Gastritis Kennel cough
 Thyroid Disease Lyme Disease Arthritis/joint pain Irritable bowel
 Hip Dysplasia Tumors Cancer Cataracts
 Entropion/Ectropion eye Seizures Surgery Broken bones
 Knee disease Corneal ulcer or dry eye Allergies Heart murmur
 Upper respiratory infection Urinary tract infection Diabetes
 Epilepsy or seizures Organ failure

Please explain any health conditions listed above: _____

Is your dog currently on any medication or special diet? Yes No

If yes, please describe: _____

Please list any medications he/she is currently on: _____

The dog's diet is: Canned Semi-moist Dry food Brand of food: _____

The dog's feeding time is: _____ AM _____ PM _____ Throughout the day

Is your dog microchipped? Yes No Unknown

Is the microchip currently registered in your name? * Yes No Unknown

Did you bring a vaccination record with you? Yes No

Is your dog's rabies vaccine current? Yes No

Vaccine	Date Given	Date Expires	Brand
Canine Influenza			
Rabies			
Dhlpp			
Bordetella			

Where do you have your dog's vaccinations done? _____

Has this dog ever had surgery other than sterilization? Yes No Not sure

If yes, please explain: _____