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)

□ Likes to cuddle  □ Couch potato  □ Active  □ Hyper  □ Affectionate
□ Destructive  □ Shy  □ Independent  □ Fearful  □ Loves to play
□ Friendly  □ Barks a lot  □ Unruly  □ Protective and possessive
□ Escapes yard  □ Friendly to people  □ Friendly to other dogs  □ Digs  □ Outgoing
□ Separation anxiety  □ Chews  □ Calm  □ Likes water/swimming
□ Likes riding in cars  □ Submissive wetter  □ Reserved  □ Shy  □ Whines
□ Grows  □ Plays fetch/playful  □ Jumps on people  □ Chases cats  □ Likes treats

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

□ thunder/lightning  □ Men  □ Teenagers  □ Women  □ Strangers
□ Cars  □ Fireworks  □ Bikes/skateboards  □ Yelling/loud noises  □ Vacuum
□ Children  □ Vet/groomer  □ Other dogs
□ 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)

<table>
<thead>
<tr>
<th>Age range (years)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
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<td>4-9</td>
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<td>10-17</td>
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<td>18-29</td>
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<tr>
<td>30-59</td>
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<tr>
<td>60+</td>
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</tr>
</tbody>
</table>

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 room 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 roam 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Circumstance</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>People your dog knows</th>
<th>Never encounter</th>
<th>Friendly</th>
<th>Afraid</th>
<th>Shows teeth/growls</th>
<th>Snaps</th>
<th>Bites</th>
<th>None of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
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<td>Women</td>
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<td>Children</td>
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<tr>
<td>Unfamiliar people</td>
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<td>Men</td>
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<td>Women</td>
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<td>Children</td>
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<tr>
<td>Animals your dog knows</td>
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<tr>
<td>Dogs</td>
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<tr>
<td>Cats</td>
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<td></td>
<td></td>
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<tr>
<td>Unfamiliar animals</td>
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<tr>
<td>Dogs</td>
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<tr>
<td>Cats</td>
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<td></td>
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<tr>
<td>Other domesticated animals</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>How does your dog react when someone does the following? (check all that apply)</th>
<th>Friendly</th>
<th>Isn’t bothered</th>
<th>Afraid</th>
<th>Barks</th>
<th>Growls</th>
<th>Bites</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touches food bowl while eating</td>
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<tr>
<td>Takes bone, rawhide, or treat</td>
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<tr>
<td>Takes toy or other object away</td>
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<tr>
<td>Pushes/pulls dog from furniture</td>
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<tr>
<td>Gives dog a bath</td>
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<tr>
<td>Trim dog’s nails or touches dog’s feet</td>
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<tr>
<td>Brushes dog’s coat</td>
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<tr>
<td>Holds or restrains dog</td>
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<tr>
<td>Unfamiliar person approaches your house</td>
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<tr>
<td>Unfamiliar person approaches you/family member</td>
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<tr>
<td>Disturbs dog while it’s sleeping or resting</td>
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<tr>
<td>When you pick up the dog</td>
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<tr>
<td>Child reaches/tugs on dog</td>
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<tr>
<td>How does your dog react when you or another family member touches your dog's: (check appropriate boxes)</td>
<td>No reaction</td>
<td>Never tried</td>
<td>Allows</td>
<td>Lunges</td>
<td>Shows teeth</td>
<td>Growls</td>
<td>Snaps</td>
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<td>Ears</td>
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<tr>
<td>Mouth</td>
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<tr>
<td>Collar</td>
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<tr>
<td>Paws or feet</td>
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<tr>
<td>Tail</td>
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<tr>
<td>Rear end</td>
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<tr>
<td>Belly</td>
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</tbody>
</table>

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Examination (including heart and ears)</th>
<th>Never done</th>
<th>Show teeth/growl</th>
<th>Snap</th>
<th>Bite</th>
<th>None of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint</td>
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<tr>
<td>Administer shots</td>
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<tr>
<td>Trim nails</td>
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<tr>
<td>Take blood</td>
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</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Date Expires</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canine Influenza</td>
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<tr>
<td>Rabies</td>
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<td>Bordetella</td>
<td></td>
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</tbody>
</table>

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: ________________________________________________________________