



Canine Surrender Profile

We understand that surrendering an animal to a shelter can be very difficult, and you are likely concerned for your dog's future. By completing this form, you will help us care for your animal during its visit, and place it appropriately if placement is possible. Thanks for helping us do the best possible job to make your dog's visit a pleasant and short one.

Please Print Clearly: First Name: _____ **Last Name:** _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____ **Email Address:** _____

Pet's Name: _____ **Gender:** IM IF NM SF
Current Age: _____ weeks, months, years
Breed: _____

How old was your dog when you got it? _____ weeks, months, years
How long have you had your dog? _____ days, weeks, months, years
Where did you get your pet? Breeder Rescue Humane Society Pet Store Friend Other
Specify the name of place you got your pet: _____

For Shelter Use Only: ACCOUNT # _____ **TAG #** _____

1. Has your dog ever bitten a person?
 Yes
 No
1a. If yes, how long ago did the bite occur? _____ days, weeks, months, years

2. Did the bite break the person's skin?
 Yes
 No

3. Explain what happened before the bite occurred:

4. Has your dog ever bitten another animal?
 Yes
 No
4a. If yes, how long ago did the bite occur? _____ days, weeks, months, years

5. Did the bite break the other animal's skin?

- Yes
- No

6. Explain what happened before the bite occurred:

Feeding

1. Type(s) of food (check all that apply):

- Dry
- Canned
- Raw/Homemade
- Table Scraps or Leftovers
- Don't Know

Brand(s) of Food _____

Brand(s) of Treats _____

2. How many times a day is your dog fed?

- 1
- 2
- 3
- 4
- Don't Know

3. How would you describe your dog's eating habits?

- Picky eater
- Loves his/her food!
- Doesn't eat in the morning, usually
- Doesn't eat in the evening, usually

4. Does your dog have any dietary restrictions?

5. When is your dog fed? **Check all times that apply.**

- 6am-10am
- 10am-2pm
- 4pm-8pm
- 8pm or later
- Free Fed (food left out all the time)
- don't know

6. How much food is your dog fed, per day?
- ¼ cup or less
 - ¼ -1/2 cup
 - ½ - 1 cup
 - 1-2 cups
 - 2-4 cups
 - More than 4 cups
 - Bowl is kept full all the time
 - Don't Know

Exercise

1. How does your dog exercise? **Check all answers that apply.**
- Walk on leash
 - Jog on leash
 - Bicycle with owner
 - Hike
 - Swim
 - Run off leash in fields or on trails
 - Run around in yard
 - Run around in house
 - Games such as fetch, tug, chase, wrestling
 - Other _____
2. On average, how much exercise does your dog get each day?
- None
 - 15-30 minutes
 - 30-45 minutes
 - 45 – 60 minutes
 - 1 hour or more
3. When the dog is let outside, is it
- Supervised?
 - Unsupervised?
4. How would you rate your dog's energy/activity level?
- Extremely low
 - Mild
 - Moderate
 - High
 - Extremely High

Management

1. How often does your dog have accidents in the house?
 - Never
 - Occasionally (A few times a year)
 - A few times a month
 - Often (A few times a week)
 - Always/Daily
2. Are these accidents more. Please circle: **urine, stool, or both?**
3. How often does your dog go outside to eliminate?
 - Never
 - Once a day
 - 2-3 times a day
 - 4 or more times a day
 - When he/she signals
4. How long can your dog “hold it?”
 - Not at all – not housetrained
 - 1-3 hours
 - 4-8 hours
 - 8-12 hours
5. Does your dog eliminate while on a leash outside?
 - Yes, both poops and pees
 - Yes, but poop only
 - Yes, but pee only
 - No
6. If your dog signals when it needs to go outside, how does it signal? **Check all answers that apply.**
 - Rings a bell
 - Stands/Jumps/Mouths at the door
 - Growls, barks or makes other sounds
 - Paces where you can see it
 - Uses a doggy door
 - Other _____
7. Is your dog trained to use a litterbox or pee pads?
 - Yes
 - No
8. Where does your dog sleep? **Check all answers that apply.**
 - Its own bed
 - On furniture
 - On family members' beds
 - In crate
 - In garage
 - In basement
 - In outdoor kennel

9. Does the dog:

- Sleep through the night
- Occasionally get up or move around during the night
- Move from place to place at night
- Pace restlessly most of the night
- Bark or whine during the night

10. Is the dog allowed on furniture?

- Yes
- No

11. What does the dog do when walking on a leash?

- Accepts leash, walks well, responsive
- Accepts leash, but pulls, jumps
- Resists, bites at leash, jumps, lunges
- Freezes, lays down, must be coaxed or forced
- Has not been leashed

12. When the dog rides in a car, it (**Check all answers that apply**):

- Sits in my lap
- Sits in the front passenger seat
- Sits in the back seat
- Sits in the cargo area
- Rides in a crate
- Wears a seat belt or is attached to the car with a leash

13. When the dog rides in a car, it: **Check all answers that apply**:

- Lies down and relaxes, or goes to sleep
- Looks out/Sticks head out the window
- Pants
- Drools
- Vomits
- Shakes or trembles
- Tries to escape
- Barks at vehicles or passersby
- Has seldom been in a car.
- Other _____

14. How many hours is the dog typically left alone?

- Not left alone
- 1-2 hours
- 2-4 hours
- 4-8 hours
- 8-12 hours
- More than 12 hours

15. When the dog needs to stay home alone, where does it stay?

- In house, no restrictions
- In house, gated in a room
- In house, in crate
- In basement or garage
- In outdoor kennel
- In fenced yard, not tied
- In fenced yard, tied up
- The dog is unable to be left home alone

Training

1. What *formal* training has the dog had? **Check all answers that apply.**

- Puppy class
- Basic Manners or Obedience Class
- Private Behavior Counseling
- Other _____
- None

2. What cues does the dog know? **Check all answers that apply.**

- Sit
- Down
- Come
- Stay
- Wait
- Off
- Leave it
- Drop it
- Watch/Look
- None*

3. What tricks does the dog know? **Check all answers that apply.**

- Shake/Paw
- Catch (Food or Balls/Toys)
- Roll Over
- Turn/Spin
- Bow
- Play Dead
- Speak
- Sit Pretty
- Other _____
- _____
- _____
- None

Enrichment

1. Do you challenge your dog mentally by giving them any of the following?

Check all answers that apply

- Puzzles
- Kongs
- Food Dispensing toys (Kong Wobbler)
- Shredding Cardboard
- Snuffle mats
- Flirt Poles
- Muffin tin
- Find it
- Hide Food in Blankets/Towels
- Other _____

2. How often do you give your dog the above items?

- 1-2x/day
- 1-2x/week
- 1-2x/month
- Never
- Other_____

3. When you play with your dog they will:

- Jump on you
- Play calmly
- Play with the toy then try to nip at me
- Play keep away
- No interest
- Other_____

4. What are the dog's favorite games, toys, or chews?

5. What toys should your dog *not have* because it destroys or eats them?

6. What are the dog's favorite foods?

Behavior

1. **Does your dog guard/protect any of the following?** This means that the dog uses certain displays, such as growling or snapping, in attempt to keep a person or dog away from their prized possession. **Do they protect them from a person, dog or both? Check all answers that apply**

- Does not guard/protect anything
- A person (**Person, Dog, Both**)
- Another pet (**Person, Dog, Both**)
- Food bowl, while eating (**Person, Dog, Both**)
- The space around it (**Person, Dog, Both**)
- The car it is in (**Person, Dog, Both**)
- The yard (may run along a fence line barking or growling) (**Person, Dog, Both**)
- A resting place, such as a couch or bed (**Person, Dog, Both**)
- Rawhides (**Person, Dog, Both**)
- Pig ears (**Person, Dog, Both**)
- Bones (**Person, Dog, Both**)
- Human food that falls to the floor (**Person, Dog, Both**)

Toys (Name the toys the dog protects) **(Person, Dog, Both)**:

Other **(Person, Dog, Both)**:

1a. **Please go to question 2 if your dog does not protect anything.** When your dog guards/protects any of the above, what behaviors do they display while guarding/protecting it? **Check all answers that apply**

- | | |
|--|---|
| <input type="checkbox"/> Staring | <input type="checkbox"/> Getting up and moving away |
| <input type="checkbox"/> Body stiffens | <input type="checkbox"/> Standing over the object |
| <input type="checkbox"/> Lip Curling | <input type="checkbox"/> Lunging |
| <input type="checkbox"/> Snarling | <input type="checkbox"/> Nipping |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Moving between you and the object | |
| <input type="checkbox"/> Eating Faster | |

2. Does your dog exhibit any of the following behaviors when being left alone: Yes or No

- Destructively Chewing
- Barking/whining the entire time you are gone
- Having accidents in the house
- Drooling, Panting or Pacing

2a. **If you answered “No” please skip to Question #4.** Please check which behaviors your dog exhibits when left home alone:

- Barks/whines the entire time you are gone
- Destructive chewing
- House soiling
 - Near exits to the outside
 - Elsewhere in the house, not near exits to outside
- Drooling
- Panting
- Pacing
- Other _____

2b. Please tell us what you have done to prevent these behaviors from happening when you leave the home (crating, gating in a room, etc.) Did the intervention stop the behavior?

3. What bad habits does the dog have when someone is present? **Check all answers that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Digging | <input type="checkbox"/> Urinating when someone greets it or touches it |
| <input type="checkbox"/> Getting into garbage | <input type="checkbox"/> Urinating when it is excited |
| <input type="checkbox"/> Destructive chewing | <input type="checkbox"/> Pestering for attention |
| <input type="checkbox"/> Nipping, biting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Barking | |
| <input type="checkbox"/> Jumping on people | |
| <input type="checkbox"/> Jumping on counter tops or tables | |
| <input type="checkbox"/> Running away | |

4. Is the dog afraid of anything? **Check all answers that apply.**

- Cars
- Men
- Loud or sudden noises
- Thunderstorms
- Vacuum cleaners
- Fireworks
- Strangers
- Other dogs
- Women
- Other animals _____
- Other _____

5. What is your dog's reaction towards other dogs on leash while on a walk? **Check all answers that apply.**

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Ignores | <input type="checkbox"/> Lunging |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Pulling you towards the other dog |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Backs away |
| <input type="checkbox"/> Whining | <input type="checkbox"/> Playful (playbows) |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Hides |
| <input type="checkbox"/> Staring | |

6. What is your dog's reaction when they meet another dog on leash? **Check all answers that apply.**

- | | |
|---|--|
| <input type="checkbox"/> Ignores | <input type="checkbox"/> Growls |
| <input type="checkbox"/> Play Bows | <input type="checkbox"/> Lunging |
| <input type="checkbox"/> Rolls on back | <input type="checkbox"/> Snaps |
| <input type="checkbox"/> Jumps on the other dogs back | <input type="checkbox"/> Bites |
| <input type="checkbox"/> Mounts/Humps | <input type="checkbox"/> Pulling you towards the other dog |
| <input type="checkbox"/> Barks | <input type="checkbox"/> Backs away |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Hides |

7. What is your dog's reaction when they meet another dog off leash? **Check all answers that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Ignores | <input type="checkbox"/> Growls |
| <input type="checkbox"/> Play bows | <input type="checkbox"/> Lunging |
| <input type="checkbox"/> Rolls on back | <input type="checkbox"/> Snaps |
| <input type="checkbox"/> Jumps on the other
dogs back | <input type="checkbox"/> Bites |
| <input type="checkbox"/> Mounts/Humps | <input type="checkbox"/> Pulling you towards
the other dog |
| <input type="checkbox"/> Barks | <input type="checkbox"/> Backs away/Hides |
| <input type="checkbox"/> Whines | |

8. What is the dog's reaction toward children under 2?

- Friendly, seeks attention
- Overly excited, jumps on them or licks their face
- Mounts or humps them
- Ignores them
- Hides, does not greet
- Backs away then warms up quickly
- Backs away, may growl if they come near
- Aggressive, stands grounds, growls, charges, snaps
- Hasn't met children under 2; don't know.

9. What is the dog's reaction toward children aged 3-7?

- Friendly, seeks attention
- Overly excited, jumps on them or licks their face
- Mounts or humps them
- Ignores them
- Hides, does not greet
- Backs away then warms up quickly
- Backs away, may growl if they come near
- Aggressive, stands grounds, growls, charges, snaps
- Hasn't met children under 3-7; don't know.

10. What is the dog's reaction toward children aged 8-12?

- Friendly, seeks attention
- Overly excited, jumps on them or licks their face
- Mounts or humps them
- Ignores them
- Hides, does not greet
- Backs away then warms up quickly
- Backs away, may growl if they come near
- Aggressive, stands grounds, growls, charges, snaps
- Hasn't met children under 8-12; don't know.

11. What is the dog's reaction to strangers entering the home?

- Friendly, seeks attention
- Overly excited, jumps on them or licks their face
- Mounts or humps them

- Ignores them
- Hides, does not greet
- Backs away then warms up quickly
- Backs away, may growl if they come near
- Aggressive, stands grounds, growls, charges, snaps
- Have not had anyone other than who lives in the house meet; don't know.

12. What is the dog's reaction to strangers outside of the home?

- Friendly, seeks attention
- Overly excited, jumps on them or licks their face
- Mounts or humps them
- Ignores them
- Hides, does not greet
- Backs away then warms up quickly
- Backs away, may growl if they come near
- Aggressive, stands grounds, growls, charges, snaps

Home Environment

1. What other animals live in your home? **Check all answers that apply.**

- No other animals
- Cats. How many? _____
- Dogs How many? _____
- Birds
- Rabbits, or other small animals

2. What is the dog's reaction toward any other animals in your household? **Please circle what your dog's reaction is to each animal in your home.**

- Friendly, wants attention, responsive (**Dog, Cat, Bird, small animal**)
- Playful, play bows, paws at, licks them (**Dog, Cat, Bird, small animal**)
- Ignores them (**Dog, Cat, Bird, small animal**)
- Shy, hesitant, avoids (**Dog, Cat, Bird, small animal**)
- Fearful, backs away, may growl, hides (**Dog, Cat, Bird, small animal**)
- Aggressive, stands grounds, growls, charges, snaps (**Dog, Cat, Bird, small animal**)
- Mounts or humps them (**Dog, Cat, Bird, small animal**)
- Chases or stalks them (**Dog, Cat, Bird, small animal**)
- Herds them (**Dog, Cat, Bird, small animal**)

Health

1. Has the dog had any health problems in the past?

- Yes
- No
- Unknown

1a.If "Yes," please name the health problem _____

1b. When did this health problem start _____

1c. Please give us the name of Veterinary Clinic that diagnosed/treated the health problem: _____

2. Is the dog currently taking medication, including that for heartworm, fleas and ticks?

- Yes
- No
- Unknown

If "Yes," please name the medications _____

3. How does your dog behave during visits to the vet?

4. Are there areas on the dog's body that it does NOT like to be touched?

- Ears
- Mouth
- Tail
- Collar
- Rear End
- Paws/Nails
- No – Can Touch My Dog Anywhere

5. If touched on the above places, my dog will respond by:

- Moving Away
- Showing Teeth
- Growling
- Snapping
- Biting
- Doesn't react negatively when touched anywhere

Last Notes

1. Are there any wonderful, special traits or habits that you would like your dog's new family to know about?

Thank you for your time!

For Office Use only: Reviewed by: _____ **Date:** _____